

INCLUSION GROWS

TOOLKIT ON DISABILITY MAINSTREAMING FOR THE GERMAN DEVELOPMENT COOPERATION



Bettina Kieck, Diana Ayeh, Paul Beitzer,
Nora Gerdes, Philipp Günther, Britta Wiemers



INCLUSION GROWS

**Toolkit on disability mainstreaming for
the German Development Cooperation**

Seminar für Ländliche Entwicklung | Centre for Rural Development

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Bettina Kieck

Pedagogy and Social Science

Email: bekieck@outlook.de

Diana Ayeh

M.A. African Studies

Email: diana_ayeh@yahoo.de

Paul Beitzer

M.Phil. Development Studies / M.Phil. Social and Cultural Anthropology

Email: paulbeitzer@posteo.de

Nora Gerdes

M.Phil. Development Studies

Email: nora.gerdes@gmail.com

Philipp Günther

Dipl.-Ing. (MSc) Civil & Water Engineering

Email: phil.gu@gmx.de

Britta Wiemers

M.A. Peace and Conflict Research

Email: britta.wiemers@gmx.de

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Bettina Kieck (Team Leader)

Diana Ayeh

Paul Beitzer

Nora Gerdes

Philipp Günther

Britta Wiemers

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Foreword

When addressing the standards of training institutions and substandard performance in inclusive education, we sometimes forget that high-quality inclusive education and training requires professional, well-trained, well-supported and committed trainers. Evidence suggests that the professional knowledge and skills of trainers is one of the most important factors for the delivery of quality vocational education and training. Improving the skills, and continual professional development and support of VET trainers should therefore remain a key deliverable.

The situation and rights of persons with disabilities in developing countries is of concern to governments, NGOs and the international community, including the United Nations. At all organisational levels, we need to be cognizant of establishing and maintaining strong representation for persons with disabilities in all decision-making bodies to ensure that disability issues are at the top of the agenda. This will help guarantee that the needs and concerns of persons with disabilities are accurately represented. The National Federation of People with Disabilities in Namibia (NFPDN) is working in partnership with the Namibia Training Authority (NTA) to address one significant area of concern, namely the availability and quality of inclusive vocational educational training (VET) in Namibia.

There are over 105,000 persons with disabilities in Namibia. The social stigma associated with disability leads to the marginalization and isolation of persons with disabilities, resulting in some having to resort to begging as a means of survival.

Efforts made by organisations for persons with disabilities have contributed to many positive actions, including the development of the National Policy on Disability, the National Disability Council Act, endorsement of the United Nations Convention on the Rights of Persons with Disabilities, and proclamation of the African Decade of Disabled Persons (2000–2009), extended from 2010 to 2019. Though these are remarkable achievements, there is still a long way to go before all people with a disability experience full participation, equality and empowerment.

Knowledge and comprehensive research about the current situation of persons with disabilities is essential as a tool for advocacy and the development of practical action plans. Research is a prerequisite when agreeing on acceptable standards, setting priorities and planning for required improvements. Without the necessary knowledge, governments, NGOs and international organisations are not empowered to change and improve the situation of persons with disabilities.

Little research has been carried out on disability-related issues in Namibia. There is a need for research on topics such as disability patterns, the link between poverty and disability, access to vocational training by persons with disabilities, with the results being used to design effective interventions and programmes.

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The NFPDN would like to express its sincere appreciation and gratitude to the Humboldt University research team commissioned by GIZ, who conducted the research on the situation of persons with disabilities in relation to vocational education and training in conjunction with the NTA. The research findings and recommendations across GIZ programmes and partners in Namibia to strengthen harmonisation, cooperation and capacities of key stakeholders is most comprehensive and useful. We anticipate that the relationship between the NTA and NFPDN will be strengthened as a result of this work, facilitating measures to improve access to high-quality vocational training for persons with disabilities in Namibia. The NFPDN strongly recommends that the manual produced by the research team should be used as a tool to advocate inclusive vocational education and training.

My sincere regards to all those active in the disability movement and advocacy,

Daniel Trum

National Chairperson

National Federation of People with Disabilities in Namibia

When I was asked to write a foreword for the toolkit, I asked myself where I should start. What could be the right perspective? Should I focus on my life with a neuromuscular disease, on my life as an activist campaigning for the rights of persons with disabilities? Or could it be fruitful to report on my experiences as a consultant for accessibility and inclusive processes? Maybe I should start with my experiences working at the national focal point on the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)? Dealing with these questions, I realised that all my perspectives are linked with the UNCRPD. So I decided to start with this and the impact the UNCRPD has on societies all over the world.

For me, the most important aspect of the UNCRPD is the paradigm shift from the medical model of disability to the human rights-based approach. As an activist, I am proud that the different branches of the disabled movement that criticised the medical model – such as the independent living movement, People First and Deaf Pride – had a big influence on the UNCRPD as a human rights-based document.

The human rights-based approach no longer understands disability as an individual deficit that has to be normalised and instead recognises disability as the outcome of a social process without denying the possible burden of impairments. “Disability results from the interaction between persons with impairments and attitudinal and environmen-

tal barriers that hinders their full and effective participation in society on an equal basis with others.” (Preamble, point e). As a consequence, the UNCRPD focuses on the general principles of “non-discrimination”, “full and effective participation and inclusion in society” and “equality of opportunity” (Art. 3) to intervene. To achieve the aims of these principles and to remove attitudinal barriers, the UNCRPD calls on the States Parties to raise awareness for the human rights of persons with disabilities (Art. 8) and to take appropriate measures to ensure accessibility “to the physical environment, to transportation, to information and communications, and to other facilities and services open or provided to the public, both in urban and in rural areas” (Art. 9).

Keeping in mind that more than one billion people worldwide are confronted with disabilities, with most of them (around 80%) living in developing countries, one of the most important achievements of UNCRPD is the call for international cooperation to ensure the human rights of persons with disabilities. To achieve this, states should cooperate with international and regional organisations and civil society, especially with organisations of persons with disabilities. The last aspect clarifies that participation is not just the aim. It has also to be implemented in all planning processes and concrete programmes and measures.

For me, this manual and its toolkit could help to improve the implementation of disability mainstreaming not only in the German Development Cooperation (GDC) but also in other international development cooperation. I hope the manual will be used in practice and will prove an invaluable “assistant” for many inclusive processes in the GDC.

Christian Papadopoulos,
Disability Rights Consultant,
Designbar Consulting GbR, Bonn, Germany

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And lastly, our sincere thanks to our director Susanne Neubert and the scientific staff at the SLE Berlin for their professional support, backstopping and expedient advice during the study period. We would also like to express our appreciation to all of the administrative staff at the SLE for their unwavering support and cooperation.

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Abbreviations

BMZ	<i>Bundesministerium für Wirtschaftliche Zusammenarbeit und Entwicklung</i> – German Federal Ministry for Economic Cooperation and Development
CBM	Christian Blind Mission
COSDEC	Community Skills and Development Centre
DAC	Development Assistance Committee
DPO	Disabled People's Organisation
EU	European Union
FAWENA	Forum for African Woman Educationalists in Namibia
GDC	German Development Cooperation
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
HI	Handicap International
ICELDA	Inter Institutional Centre for Language Development and Assessment
IDDC	International Disability and Development Consortium
ILO	International Labour Organisation
INTERIM	Swiss Learning and Development
ISO	International Organization for Standardization
KfW	<i>Kreditanstalt für Wiederaufbau</i> – German Development Bank
LftW	Light for the World
MDG	Millennium Development Goals
MWT	Ministry of Works and Transport
NDC	National Disability Council
NGO	Non-governmental organisation
NNTMP	Northern Namibian Transport Master Plan
NTA	Namibia Training Authority
OECD	Organisation for Economic Co-operation and Development
PCM	Project cycle management
PRA	Participatory rural appraisal
ProVET	Promotion of Vocational Education and Training
RBM	Results-based monitoring
SDG	Sustainable Development Goal
SLE	<i>Seminar für Ländliche Entwicklung</i> – Centre for Rural Development
SUTMP	Sustainable Urban Transport Master Plan
SINTEF	Norwegian Research Institute
ToR	Terms of reference
TwD	Trainees with disabilities
TTM	Tool testing methodology
UN	United Nations
UNAM	University of Namibia

UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
VENRO	<i>Verband Entwicklungspolitik und Humanitäre Hilfe deutscher Nichtregierungsorganisationen</i> – Umbrella organisation of development non-governmental organisations (NGOs) in Germany
VET	Vocational education and training
VSO	Volunteers Services Overseas
VTC	Vocational training centre
VTP	Vocational training provider
WHO	World Health Organization

Introduction

During the last decade, the relevance of the inclusion of persons with disabilities into the work of international development cooperation became more important. Despite of the minor validity of disability aggregated data on a global scale, existing statistics reflect the urgent need to intensify our efforts in the field of disability inclusion.

According to the World Health Organization (WHO) more than 1 billion people live with some form of disability worldwide, which equates to 15% of the world's population.¹ Although about 80% of them are estimated to live in developing countries, persons with disabilities are not properly addressed in most development programmes and therefore do not benefit from development activities.

The issue gained global attention with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) that was ratified by the German government in 2009. The UNCRPD is the fundamental international human rights political framework for achieving the equal participation of persons with disabilities in all sections of society and eliminating all forms of discrimination based on disability.²

Ratification of the UNCRPD by more than 160 states gives local and international organisations for persons with disabilities the basis for advocacy and lobbying for comprehensive disability legislation in all countries.³ Furthermore, governments can now be held accountable for defining inclusive policies and ensuring their implementation in development cooperation programmes. The convention is therefore an important factor to bring disability issues onto the development agenda and to give disability inclusion recognition as a key change

to achieve in order to ensure that persons with disabilities worldwide enjoy the same rights as any other citizen. Article 32 clearly emphasises the importance of undertaking appropriate and effective measures to ensure inclusiveness and accessibility to international development programmes.

To confirm its commitment in this regard, the German Federal Ministry for Economic Cooperation and Development (BMZ) translated article 32 of the UNCRPD and issued the BMZ action plan on the inclusion of persons with disabilities in the German Development Cooperation (GDC). One of the declared objectives of the BMZ action plan is to publish a toolkit that helps GDC planners, practitioners and counterparts to integrate disability inclusion into their daily work.⁴ Furthermore, the toolkit should enable its users to systematically mainstream disability issues in a coherent manner.

Previous mainstreaming efforts (e.g. gender and HIV/AIDS) illustrated the challenges of the process, especially when it comes to the concrete implementation of project activities in the field. The same challenges seem to be immanent in the sphere of disability mainstreaming.

To overcome this gap, this toolkit draws on the findings of applied research conducted in Namibia in 2015 by a research team from the Centre for Rural

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Development (Seminar für ländliche Entwicklung, SLE) of the Humboldt University Berlin. The study was coordinated by the GIZ project “Promoting the Inclusion of Persons with Disabilities”. Based on concrete project activities, carried out in cooperation with the GIZ projects “Promotion of Vocational Education and Train-

ing” (ProVET) and “Transport” in Namibia, the research team was able to test and adapt relevant tools and improve the practical applicability of the toolkit.

The statistics below clearly highlight the relevance of systematically including persons with disabilities into the work of the GDC.

Statistics on disability and development

- ① An estimated 1 billion people worldwide have a disability, which corresponds to 15% of the world’s population.
- ① The rates of disability are increasing due to aging populations, the global rise in chronic health conditions and wars.
- ① 80% of persons with disabilities live in developing countries.
- ① Persons with disabilities are nearly three times more likely to report being denied care than non-disabled persons;
- ① Two times more likely to find healthcare provider skills or equipment inadequate for their needs;
- ① Four times more likely to report being treated badly by health professionals.⁵
- ① There are 93–150 million children under 15 years of age living with a disability worldwide.⁶
- ① Every year, 20 million women develop a disability as a consequence of pregnancy and childbirth, mainly due to poor birth practices and a lack of access to appropriate health care services.⁷
- ① Women and girls with disabilities are at greater risk of all forms of violence than those without disabilities.⁸ They are two to three times more likely to become a victim of physical and/or sexual abuse.⁹ For women with intellectual disabilities, the risk of abuse is tenfold.¹⁰

Box 1: Statistics on disability and development

Purpose of the toolkit

The toolkit is a proposal for facilitating the work of planners and practitioners of the German Development Cooperation in including persons with disabilities into their programmes and projects. It therefore explains the reasons why disa-

bility is a crosscutting development issue and provides practical, implementation and focused guidance on how to include a disability perspective in mainstream development programmes by identifying:

- Opportunities to maximise the valuable contribution by persons with disabilities to all development programmes;
- Where the current challenges or opportunities are;
- Where further improvements can be made to increase participation and access of persons with disabilities to a development programme;
- How strategies can be implemented in practice to enable disability-inclusive development programmes.

Structure of the toolkit

Part I: Part one on “**Definitions, concepts and approaches**” provides an introductory overview of disability and development. It can be especially helpful to those new to this issue.

The important distinction between disability, impairment and different types of barriers in society is introduced. Furthermore, this part addresses cultural aspects of the perception of disability and how disability intersects with other aspects of discrimination, e.g. gender, ethnicity and/or class. Important concepts, such as mainstreaming, inclusion and different models of disability are discussed and an explanation given why this toolkit follows a human rights-based approach to disability inclusion.

Part II: Part two on “**How to be an inclusive organisation**” addresses the challenges to systematically implement disability mainstreaming within your project, programme or organisation. To estimate the current degree of inclusiveness in your specific workplace and to encounter organisational and institutional barriers in terms of disability mainstreaming the section contains the

following parts:

- assessment and evaluation of inclusiveness
- cost of exclusion

Part III: Part three featuring a “**Toolkit for disability inclusion**” focuses on the practical side of the inclusion of persons with disabilities in development cooperation. It entails a comprehensive collection of tools, guidelines and hands-on advice on how to mainstream disability at various programme stages. The tools address the micro, meso and macro level of development interventions and follow the principles of awareness, participation and non-discrimination. The twin-track approach is further incorporated in all stages. The chapter is structured as followed:

- Analysing barriers (project planning)
- Removing barriers (project implementation)
- Inclusive monitoring and evaluation

Part IV: To avoid a too voluminous toolkit, part four contains “**Working materials**” that provide additional information and tools.

Overview – toolkit

Despite the chronological order of the overview, the various tools can be used flexible according to the stage of your project and the specific scope of your activities.

Name of the tool	Field of application	Content
Tool 1: Assessment and evaluation of inclusion of persons with disabilities	Main-streaming	This tool aims to assess seven areas of disability mainstreaming that are crucial for cooperation either at the level of a whole organisation, or specific programmes/projects.
Tool 2: The cost of exclusion	Main-streaming	The tool tackles common excuses for not including persons with disabilities into your organisation/institution.
Tool 3: Disability sensitive analysis on various levels	Project planning	This tool provides guiding questions and instructions to assess the status quo of laws and/or policy frameworks addressing disability issues on the macro and meso levels in the project country. The analysis is the first step to obtain detailed information about the current situation of persons with disabilities and should form the basis for further planning activities.
Tool 4: Analysing local knowledge and attitudes towards disability and barriers	Project planning	The tool aims to analyse local knowledge, socio-cultural attitudes and beliefs concerning disability as well as the roles that persons with disabilities play in their communities. The tool allows for the identification of barriers that persons with disabilities face on the local level and that might thus be crucial to consider in future project planning. It can further be used for awareness raising at the community level.

Tool 5: Identifying stakeholder/strengthening cooperation and networks	Project planning	This tool is used to jointly elaborate a stakeholder map and to identify how relationships can be established, strengthened and deepened in order to build strong future cooperation and networks for the inclusion of persons with disabilities.
Tool 6: Awareness raising units on various levels	Project implementation	This tool is designed to raise participants' awareness for disability issues and the inclusion of persons with disabilities.
Tool 7: Guidelines on accessible meetings, workshops and events	Project implementation	These guidelines can be used to organise any meeting, workshop and event in an inclusive way. It focuses on the various kinds of accessibility, ranging from physical accessibility to accessibility to information.
Tool 8: Clipboard assessments	Project implementation	The clipboard assessment is an easy tool to assess the accessibility of partner and programme implementation facilities with regard to different barriers.
Tool 9: Building a multi-stakeholder network	Project implementation	The tool aims to create new relationships and to form networks that are facilitating collective action to address issues important to the inclusion of persons with disabilities.
Tool 10: Designing an action plan for projects in the implementation phase	Project implementation	The elaboration of an action plan will help you identify concrete measures to systematically incorporate a disability dimension into your results model.
Tool 11: Designing disability-sensitive indicators	Project monitoring	The development of indicators addressing disability inclusion within your results-based monitoring system (RBM) facilitates an efficient monitoring of disability inclusion in your project.

Tool 12: Results-based monitoring (RBM) for disability inclusion	Project monitoring	This tool helps to establish a results-based monitoring system with a special focus on disability inclusion.
Tool 13: Data collection methodology for disability-sensitive monitoring	Project monitoring	The sample of data collection methods can be applied to both projects comprising mainstreaming activities, and targeted initiatives, which are specifically promoting the rights of persons with disabilities. It is suitable for all levels of development cooperation, on the micro, meso and macro levels.
Tool 14: Principles of disability specific evaluation	Project evaluation	The tool is offering specific principles and guiding questions for a disability-sensitive evaluation of projects, following the criteria of the international donor community.

Toolkit users

The main users of this toolkit are **planners and practitioners of the GDC (GIZ, KfW, etc.)**. It is a common fact that programme staff around the world are preoccupied with competing demands, which is why this guide offers quick-access tools to help easily embed disability-inclusive practice into international development programmes. The toolkit focuses specifically on the programme level, supporting operational staff in mainstreaming disability. It aims to give practical guidance on how to ensure the inclusion of persons with disabilities in international development interventions.

As described in each tool, the relevance, quality and sustainability of the results the tools intend to produce will be greatest when the following user groups are also included in the process:

Persons with disabilities and their representing organisations, commonly referred to as DPOs (disabled people's organisations) or OPDs (organisations of persons with disabilities). They are the key stakeholders and partners for inclusive development since they have the knowledge, experience and perception of persons with disabilities. Inclusion can only be genuinely pursued when persons with disabilities are equal partners in the process. **"Nothing about us without us!"**. DPOs are strategic partners for analysing the situation of persons with disabilities on various levels. Including them in all stages of your programme will ensure that interventions for persons with disabilities are as relevant, efficient and sustainable as possible. They are also the most appropriate partners for locat-

ing and identifying beneficiaries and raising awareness among stakeholders.

To address all policy levels and to make inclusion sustainable and relevant to the specific country context, **national partners and ministries, regional and local government structures** must be part of the process. Development organisations and programmes should use their mandate to raise awareness and encourage commitment for the inclusion of persons with disabilities among government partners at all levels. Development cooperation should mobilise all its capacities

to remind partners of their obligations under the UNCRPD and to support them in putting these into action.

International and local non-government organisations (NGOs) can be an important stakeholder for strengthening the case of inclusion. They usually have a closer link with the target group and are valuable partners for outreach and awareness-raising activities. Many NGOs have gathered considerable experience with mainstreaming disability. Cooperating with them will provide a great opportunity for knowledge sharing and learning.

How to use the toolkit?

The toolkit offers guidance and tools for assessing the mainstreaming of the inclusion of persons with disabilities into all aspects of your programme planning, implementation, monitoring and evaluation. It helps you to:

- ensure equal participation of persons with disabilities at the beginning of programme designs;
- monitor the inclusion of persons with disabilities due to the intended impacts of the respective programme;
- evaluate the impacts of development programmes in the respective areas or sector.

Additionally, the toolkit aims to sensitize the staff working for or with the GDC on the importance of considering persons with disabilities, their potentials and needs as a cross-cutting issue. It is based on the twin-track approach and provides some useful tools to identify and address barriers for persons with disabilities from the outset.

The **“Inclusion cycle”** introduced in Part III gives an initial overview of the tools and their usage within your organisation and offers orientation for further activities. All tools are structured in the same way (see the list of icons and illustrations), but the scope and detail provided for each differs from one tool to the next.

In consideration with the **multi-level approach**, some tools are divided into various **modules** that are usable for one specific dimension (macro, meso, micro level). Each tool is briefly described on two or more pages and the key steps for implementation and for achieving the expected objective are described. Some of the steps contain specific guiding questions. Reference is made to the conceptual part of the toolkit when background reading is advised.

The different sections of the **“Inclusion cycle”** are complemented by various good practices drawn from GIZ programmes worldwide, illustrating exam-

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ples of successful project implementation in the field of disability inclusion.

As previously mentioned, the toolkit is a proposal for facilitating the work of planners and practitioners in including persons with disabilities in development interventions. As a living document, the toolkit will grow and improve with the applied experience of its users in the future.



Although the tools are assembled in a logical order, not all tools need to be applied by every user. Which tools are appropriate for the respective user greatly depends on the phase of the project cycle you are

in. It requires a conscious decision on how much time, resources and commitment you are able to invest to make disability inclusion meaningful in your project, programme or organisation.

Nevertheless, we recommend starting the inclusion process with Tool 1 “Assessment of the inclusion of persons with disabilities”. This tool provides a good overview of crucial aspects of disability mainstreaming and helps you to identify which areas are most relevant to your work, what is the status quo of inclusion in your programme or organisation, and what might be realistic goals to strive for.

Description of icons and the toolbox



The **light bulb** highlights key messages or interesting quotes.



The **paper clip** refers to additional working material that can be found in Part 4.

The introductory box gives the users all relevant information on the respective tool. The short description enables the toolkit user to assess whether the tool at hand will be of use or not. When the reader identifies a tool suited to their project or programme, they can consult the documents listed in the “Further

reading” section. The tools are arranged in a loose but logical order. Ideally, the toolkit can be used during the analysis and planning phase of a programme. However, it offers practical guidance in each section on how to systematically include persons with disabilities in programmes that are already running.

Tool name

Optional module

Usable at the macro/meso or micro level



Tool description and purpose



Tool users



Time



Tool participants



Materials needed



Notes for facilitators

PART I: Definitions, concepts and approaches

Overview – the importance of definitions and concepts

Clarifying definitions and concepts is a central aspect for the work of any organisational structure. In the field of disability inclusion and mainstreaming, such clarifications are especially crucial: definitions and concepts such as “disability” influence the way in which non-disabled persons respect and respond to the concerns and needs of persons with disabilities.

This happens in particular once definitions are reflected in organisational policies, procedures (project planning, implementation, monitoring and evaluation) and practices, and used in training sessions and guidelines. All definitions given in Part 1 of the toolkit will be central to the overall structure of tools and further used in the second and third parts of the toolkit.

The definitions offered in Part 1 therefore correspond to the following **concepts of disability inclusion and mainstreaming** relevant to the organisations of German Development Cooperation and their partners:

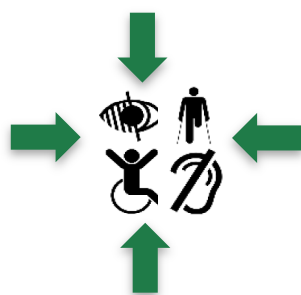
Chapter	Relevant concepts
1.1 Perceptions and concepts of disability	Individual/medical model of disability Social model of disability
1.2 Definitions: impairments, barriers and disabilities	Difference between disability and impairment Types of barriers
1.3 International policies	UNCRPD and the human rights-based approach Sustainable Development Goals (SDGs)
1.4 Disability inclusion, mainstreaming & the twin-track approach	From exclusion to inclusion Disability mainstreaming Twin-track approach
1.5 Between local and global: approaching disability in transnational and intercultural settings	Multi-level approach Intersectional approach Disability and culture
Box 2: Overview – the importance of definitions and concepts	

1.1 Perceptions and concepts of disability

Asking people about their understanding of “disability” usually reveals a whole range of answers. Perceptions and concepts of disability are not merely a personal affair, but constantly changing according to different historical and cultural settings. Our perception is thus highly influenced by our surrounding environment and society (see 5.3 on disability and culture). Due to political interventions and demands of the international disability movement, the medicalised and individualist account of the medical/individual model of disability was challenged by the social model of disability in recent times.

The individual/medical model of disability

Disability has historically been explained in terms of divine punishment, karma or moral failing an explanation in terms of biological deficit and dominated debates until the end of the twentieth century.¹¹



Based on a “**paradigm of rehabilitation**”,¹² the medical or individual model defines **disability as a problematic health condition of the individual that can be prevented, cured or rehabilitated.**

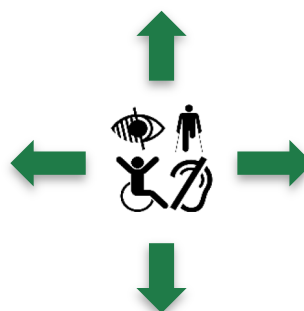
In order to integrate persons with disabilities into societal affairs, such as the labour market, **the individual should (be) adapt(ed) to society and its surrounding environment.** According to the individual/medical model, interventions are therefore focused on the individual:

- Requires medication and assistance
- Is a sick person
- Relies on a hearing aid or other technical equipment
- Cannot understand and/or communicate
- Is confined to a wheelchair

- Is unable to learn
- Is unable to make decisions on his/her own
- Needs special services for everything

The social model of disability

In the 1970s and 1980s, a range of social approaches were developed and the social model of disability gained in popularity. Instead of looking at disability merely as a medical concern, this approach focuses on the **social barriers and discrimination that persons with disabilities face** in their daily lives.¹³ It defines **disability as “a social creation – a relationship between people with impairment and a disabling society”.**¹⁴



Not the disabled person, but the society and the surrounding environment are the problem and must be adjusted. According to the

social model, interventions therefore focus on societal and environmental issues:

- Barriers need to be removed
- Negative attitudes and prejudices towards persons with disabilities must be addressed
- Anti-discrimination legislation must be established
- Independent living must be assured
- Persons with disabilities must be enabled to participate fully and equally in society



*"The social model was constructed by disabled persons themselves and not medical 'experts', not policymakers, not social workers, not disability charities, not service providers, nor governments, nor private companies profiting from disability."*¹⁵

Both models are often presented as dichotomous and can be summarised by the following overview:

Table 1: The medical/individual and social models of disability	
Medical/individual model	Social model
The individual is the problem.	The barriers created by society are the problem.
The individual needs to change.	The barriers need to be removed.
Persons with disabilities become victims, clients, have no responsibilities and are dis-empowered.	Persons with disabilities have independence, control and choice.
Persons with disabilities live, learn and work segregated from their non-disabled peers.	Persons with disabilities and their non-disabled peers live/work/learn together and from each other.

Despite a clear distinction between both models, the medical model does not exclude social or contextual issues *per se*, while the social model does not exclude issues concerning rehabilitation and medical assistance in general. Within the

last twenty years, more interactive approaches, recognising that people are disabled by environmental factors as well as by their bodily functions, became popular (for the WHO's biopsychosocial model, see working material 4.2).

1.2 Definitions: impairments, barriers and disabilities

Difference between disability and impairment

The distinction between impairment and disability is one of the key achievements of the social model approach. While an impairment is considered individual and private, disability is seen as structural and public.¹⁶

Like gender, disability is a culturally and historically specific phenomenon, not a universal and unchanging fact. While the notion of impairment refers to a bodily function or feature, disability refers to limitations, which are created by society or the surrounding environment.



"A disabled person is a person with an impairment who experiences disability. Disability is the result of negative interactions that take place between a person with an impairment and her or his social environment. Impairment is thus part of a negative interaction, but it is not the cause of, nor does it justify, disability."¹⁷

"[...] the real priority is to accept impairment and to remove disability."¹⁸

Impairment

... could be caused by an injury, chronic illness, or congenital condition that signifies or is likely to signify a loss or difference of physiological or psychological function.¹⁹ Impairments are part of

the human condition. Almost everyone who reaches a certain age will be temporarily or permanently impaired at some point in life, and experience difficulties in functioning.²⁰ Some people have one impairment, others multiple; some are born with an impairment, while others may acquire an impairment during their birth or the course of their life. Impairments are diverse and heterogeneous. There is no universally accepted classification or definition of different types of impairments, but approaches differ extensively depending on whether they come from a medical/psychological, pedagogical or social background. Furthermore, classifications of impairments and disabilities are highly context and country specific.

As it is important to acknowledge the diversity in degrees and types of impairments, this toolkit provides the following typology focusing on the different manifestations and appearances of impairments:²¹

Main types of impairments

Physical impairments – affect a person’s body movement and/or appearance.

Potential causes: polio, cerebral palsy, spinal cord injury, joined fingers and toes, muscular dystrophy, loss of limb(s), etc.

Sensory impairments – affect a person’s sight, hearing, speech, smell, taste, sensation/feeling and/or physical balance, e.g. blindness, deafness.

Potential causes: brain injury, iodine deficiency, cataracts, measles, meningitis, malaria, certain medicines, accident, etc.

Intellectual or cognitive impairments – significantly affect a person’s intellectual and cognitive functioning and adaptive behaviour, e.g. reduced memory performance.

Potential causes: iodine deficiency, genetic or chromosomal abnormalities, birth complications, environmental conditions, etc.

Psychiatric impairments – affect and profoundly disrupt a person’s thinking, moods, ability to relate to others and capacity for coping with the demands of life, e.g. schizophrenia, major depressive disorder.

Potential causes: metabolic disease triggered by stress, etc.

Multiple-impairments – a person with more than one impairment, e.g. a person with Down’s syndrome may have learning difficulties and a hearing/visual impairment.

Box 3: Main types of impairments

Disability

... is the loss or limitation of opportunities to take part in society on an equal level with others due to attitudinal, institutional and environmental barriers.

What are barriers for persons with disabilities?

First and foremost, barriers are **obstacles** that make it difficult – sometimes impossible – for persons with disabilities to do the things most people take for granted. These can be such ordinary things like going to school, working, using sanitation or taking public transport.

When we think of barriers to accessibility, most of us think of physical barriers. We think of persons who are using a wheelchair not being able to enter a public building because there is no ramp

or elevator. Thinking outside the box, it becomes clear that there are many kinds of barriers. Some are visible but many of them are invisible.

Types of barriers

Attitudinal barriers – these are considered the most important to identify since they are the main factors inhibiting progress on disability inclusion. They could be expressed by negative attitudes towards persons with disabilities, stereotypes, prejudices, cultural and religious issues and assumptions. As a result, many persons with disabilities consider themselves worthless, dependent and in need of support. This can lead to a cycle of charity and dependency, which it becomes difficult to break.

Environmental barriers – they are considered the easiest to identify. These include inaccessible buildings, narrow pathways, uneven surfaces, and print and electronic information in inaccessible formats.

Institutional barriers – they are considered some of the most difficult to identify. Without a proactive search, they will not be as immediately evident. This is because they are often linked to social and cultural norms, and written into policies and legislation. These include the legal system, employment laws, electoral system, education policies, health service provisions, social services, belief systems and religion, or humanitarian/development agency policies.

Box 4: Types of barriers

Therefore:

IMPAIRMENTS + BARRIERS = DISABILITY

Disability is the result of the impairment(s) of a person and the barriers this person is facing in his/her daily life.

Interaction of different barriers – the case of Lina

Lina lives in an urban area of northern Namibia. As a result of an infection in her mother's womb, Lina was born deaf (**sensory impairment**). Her hearing was not tested when she was born and her parents only realised her impairment when she was three.

After the impairment was diagnosed in the hospital, her parents took her home. Her family cannot afford further medical analysis and rehabilitation in the form of possible hearing aids (**the economic situation of her family is an institutional barrier**). There is no system in place to ensure that the costs of such a hearing aid would be covered through social welfare and there are no sign language courses offered to her family (**the policy environment is an institutional barrier**).

She can move around and watch her environment, but she has difficulties expressing herself, as she is not able to hear or speak like other children. At the age of six, she was enrolled at a special primary school for deaf and hearing impaired children. However, she regularly missed the school bus in the morning, as there was no visual information or bus schedule provided (**the absence of physical provisions is an environmental barrier**).

In Lina's town, there is no secondary school to accommodate deaf students (**the absence of appropriate institutions is an environmental and institutional barrier**). Instead of sending her to an inclusive boarding school in the neighbouring town her parents instead decided it would be better to "invest" in the education of her two younger brothers who are supposed to contribute to the family income later on (**the assumptions of her parents are attitudinal barriers**). While she is physically able to do many things, she now often stays at home without a perspective to gain a proper income. The perception of her community is that she is "useless" and Lina is thus excluded from many community activities (**the prejudices in her environment are attitudinal barriers**).

Lina has a **disability** that is a combination of all these factors. An impairment or health condition can be more or less disabling, depending on the context in which it occurs. She faces different types of barriers (attitudinal, environmental, and institutional) that are overlapping and cannot be clearly distinguished from each other.

Box 5: Interaction of different barriers – the case of Lina

1.3 International policies

The UNCRPD and the human rights-based approach

Impairments and barriers are crucial to the human rights-based approach to disability. The characterisation of persons with disabilities stated by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) clearly demonstrates this fact (see box 6).

The UNCRPD definition of disability

"Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."²²

Box 6: The UNCRPD definition of disability

Adopted in December 2006 by the General Assembly of the United Nations and effective from 2008, the purpose of the UNCRPD is to **"promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity."**²³ It reaffirms that persons with disabilities are rights holders entitled on an equal basis to all civil, political, social, economic and cultural rights. With Article 32, it obliges state parties all over the world to ensure the adoption of inclusive policies and create accessibility to persons with disabilities. The UNCRPD defines disability as a human rights issue, making general human rights specific to persons with disabilities. One of the core messages of the convention is therefore that persons with disabilities should not be considered "objects" to be managed, but rather as "subjects" deserving the equal enjoyment of

respect and rights as their non-disabled peers.²⁴

This new **rights-based approach** adopts the social model of disability to the policies of international cooperation and **challenges** the so-called **charity approach**. The charity approach towards disability based on the medical model of disability reduces people to objects of charity, unable to lead their own lives. For a long time, international cooperation policies were limited to the provision of special services and medical care.²⁵

While there is no universal definition of a human rights-based approach, the United Nations (UN) have agreed **a number of essential attributes** of such an approach within development cooperation:²⁶

- As development policies and programmes are formulated, the main objective should be to fulfil human rights.
- The entitlement of rights holders and the corresponding obligation of duty-bearers must be identified.

- Rights holders' capacities to claim their rights and duty-bearers' obligations to meet these rights must be strengthened.
- Principles and standards derived from international human rights treaties (such as the UNCRPD) should guide development cooperation and programming in all sectors and in all phases of the programming process.

The Sustainable Development Goals (SDGs)

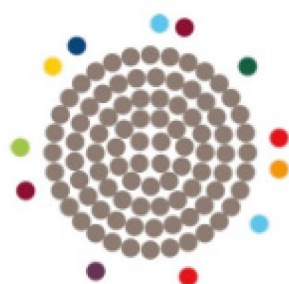
While the eight Millennium Development Goals (MDGs) adopted in 2000 by the UN member states do not explicitly mention disability, the current prominence of disability issues and the UNCRPD greatly influenced elaboration of the Sustainable Development Goals (SDGs). Five out of 17 goals adopted in September 2015 explicitly mention the

inclusion of persons with disabilities as part of the **2030 Agenda for Sustainable Development**. A good example is SDG 10, which emphasises the social, economic and political inclusion of persons with disabilities according to the human rights-based approach (for an overview of disability inclusive SDGs, see working material 4.3).

1.4 Disability inclusion, mainstreaming & the twin-track approach

From exclusion to inclusion

The term "inclusion" has no universally-agreed definition. Inclusion means different things to different persons and in the context of disability issues, it is unfortunately often confused or used interchangeably with "integration". Nevertheless, there are some non-negotiable key elements unique to the process of inclusion. Disability inclusion can best be explained by contrasting it with the concepts of exclusion/separation and integration/assimilation.²⁷

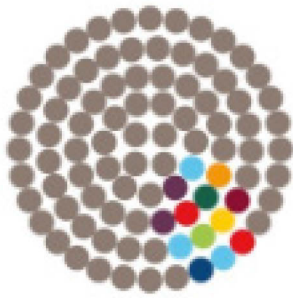


Exclusion/segregation

A process or condition that **detaches groups and individuals from social services and institutions and prevents them from participating fully in the mainstream activities of the society** in which they live.

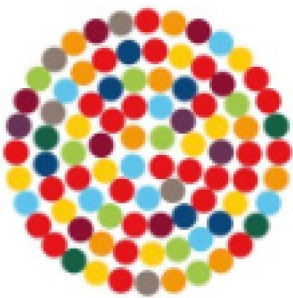
If there are any structures to address the needs of persons with disabilities, they are referred to as **special services, such as special schools, sheltered employment/housing**.

Integration/assimilation



Based on a “deficit” diagnosis, **a limited number of persons with disabilities is identified, classified and selected in order to be integrated into mainstream society**, mostly in the education system or the labour market while a **large number of persons with disabilities remains segregated or excluded**. The visibility of persons with impairments in everyday life increases while their **active and full participation in society is not ensured**.

Inclusion



Inclusion is associated with the **full and equal participation** in society by all human beings, regardless of whether they have an impairment or not.

This means that **institutions, structures, services, values, attitudes and beliefs of mainstream society need to change** in order to include and respect the dignity, needs and rights of all persons with disabilities as full members of society.

Graphics taken from “Aktion Mensch”²⁸

What does “inclusion” mean in development cooperation?

The overall aim of disability inclusion from a human rights-based perspective is to achieve equality for persons with disabilities in all spheres of life.

Within international development cooperation this demands the provision of services that enable persons with disabilities to participate in social life on equal terms with their non-disabled peers. Therefore, **regular cooperation and development programmes need to re-orientate in order to be inclusive to all parts and groups of society**. This

means, for example, that persons with disabilities should be included in regular (vocational) educational systems and the formal labour market. As persons with disabilities have the same basic needs as persons without disabilities, these needs can and should be met within mainstream programmes.

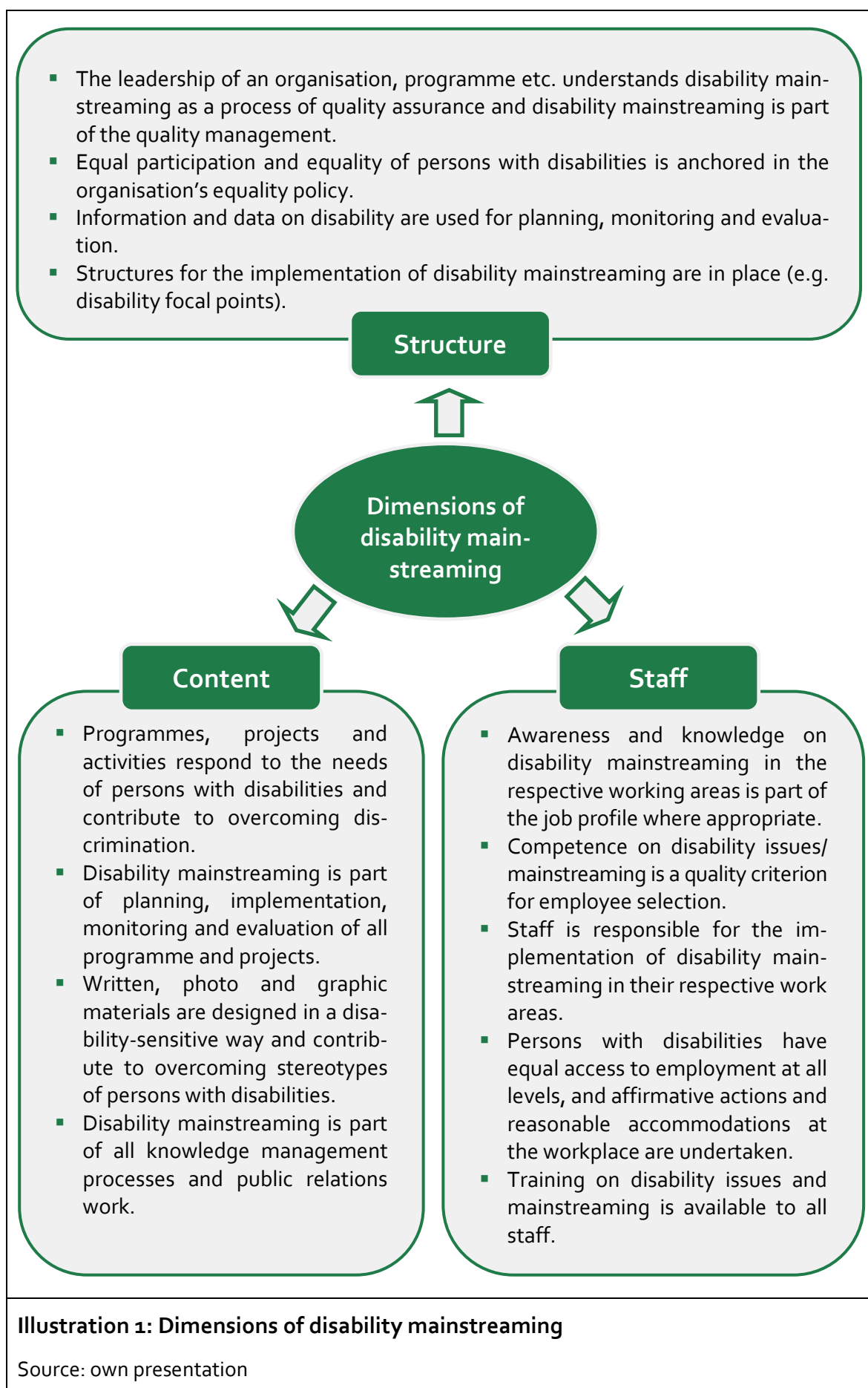
Disability mainstreaming

Disability mainstreaming is a relatively new concept on the international development agenda. Following the concept and benefiting from the experiences of gender and HIV/AIDS mainstreaming, it is **ensuring that the perspectives of persons with disabilities are central to all activities and processes in a project, programme or organisation**. Mainstreaming is thus about building disability into existing agendas, frameworks and processes²⁹ and must be understood as a process of assessing and addressing the possible impact of any planned action on persons with disabilities.³⁰



**“Disability is not an issue that could be addressed separately as it cuts across all [issues] ... poverty reduction, HIV/AIDS, inclusive education, employment creation, accessibilities to infrastructure and information”.
Nahas Angula, former Prime Minister of Namibia, National Disability Day 2005**

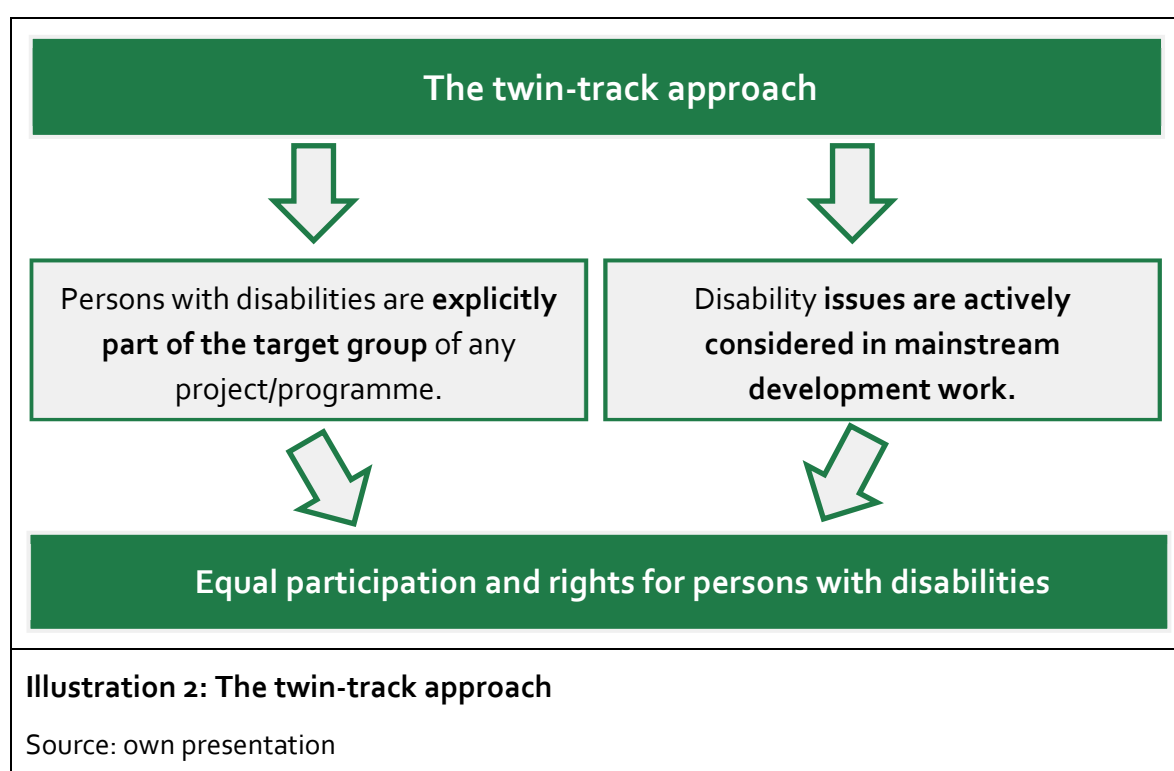
The main idea of disability mainstreaming is to consider **disability as a cross-cutting issue**. The concept of mainstreaming incorporates **three dimensions: structure, content and staff**. The current degree of disability mainstreaming of any organisation or project can be analysed through these three dimensions (see Figure 1). Embedding disability in the planning process and project design is, for example, considered an effective way to mainstream.



The twin-track approach

Transforming attitudes about disability from a “charitable” mentality to a rights-based discourse is not achieved by simply adopting international policies such as the UNCRPD or the SDGs in different contexts. The process takes time and requires political will. An important factor in this process is the direct involvement of persons with disabilities themselves. To fully address the rights and needs of persons with disabilities though, simple disability mainstreaming may not suffice.

Therefore, many international organisations and institutions advocate a **twin-track approach**:³¹



Development projects/programmes in various sectors mainstream disability in a systematic way. Targeted or more focused initiatives are undertaken to address the specific needs of persons with disabilities, where necessary.

This means mainstreaming programmes as well as projects should be enforced to better include persons with disabilities in their overall objectives and functioning. In parallel, measures should be taken to improve support or special services for persons with disabilities with special needs (e.g. persons with multiple impairments) to increase their ability to participate in development programmes and in society. It is thus necessary to address both persons’ specific needs as a result of their impairment and also the wider social issues of discrimination and exclusion.

1.5 Between local and global: approaching disability in transnational and intercultural settings

The multi-level approach

Disability mainstreaming and inclusion in any field and sector of international cooperation demands a **multi-level approach**.

While development initiatives have often taken a top-down approach, initiated by policymakers on the national or international level, community-based approaches are emphasising involvement of the community on the local level. In order to reach low-income and marginalised populations and to facilitate more inclusive, realistic and sustainable initiatives, the WHO developed the concept of community-based rehabilitation (CBR) with its focus on the micro level of development cooperation.³² Following the GDC aim of implementing a multi-level approach, activities and projects are ideally carried out on all levels of society and international cooperation.

This mainly concerns:

- The macro level – addressing the national policy framework (government, state institutions, etc.)
- The meso level – addressing the regional policy framework (regional governments/councils, umbrella organisations, etc.)
- The micro level – addressing local structures (municipalities, local NGOs, schools, etc.)

Disability inclusion and mainstreaming can only succeed, if all levels of society and policy frameworks are addressed. Furthermore, the negotiation processes taking place in the policy arenas between different levels of development intervention should be addressed.

Intersectional approach to disabilities

While working in the field of disability inclusion and mainstreaming, it must always be kept in mind that persons with disabilities are not a homogeneous group. They face different impairments and live in different conditions, thus face different levels of discrimination. Generalisations about “disability” or “persons with disabilities” are inappropriate. Persons with disabilities have diverse personal factors, with differences in gender, age, socioeconomic status, sexuality or ethnicity. Persons with disabilities are thus at the intersection of various forms

of discrimination on the grounds of disability and other social criteria. In particular, women and girls living with a form of impairment may face double discrimination based on both disability and gender. Consequently, discrimination on the basis of gender *and* disability is a fact officially recognised in Article 6 of the UNCRPD.³³

Furthermore, the relationship between disability and socioeconomic status is to a great extent referred to as a “vicious circle”.³⁴ Acknowledging that persons with disabilities are disproportion-

tionately represented among the world's poorest persons³⁵ implies that they are facing multiple discrimination, which is based on their social background and disability. Additionally, it should be borne in mind that in low-income countries and areas, persons with disabilities are among the most vulnerable. Already struggling with barriers in their societies, low-income contexts can hit them twice as hard. Furthermore, persons with disabilities do not necessarily benefit from international interventions, such as poverty reduction strategies. For a long time, they tended to be "invisible" to planners and administrators.³⁶



"The uniqueness of the disability perspective is that it has to do with poverty within poverty. [...] the problem of poverty and disability is not only linked to the small size of the "cake", but to the sharing of the small "cake"."³⁷

An **intersectional approach** is seen as the most appropriate tool to analyse the complexity of such phenomena and to inform future policies, legislations, programmes and projects. The concept of "intersectionality" (or "intersectionalism") was first introduced by Kimberlé

Crenshaw in 1989. She attempted to describe the interaction of "race" and gender in shaping women's experiences of employment. She emphasised that especially black women and women of colour face multiple forms of discrimination based on their gender, economic and social status ("class") and ethnicity ("race").³⁸ Over the last 20 years, the concept of intersectionality was developed further and extended to various categories such as disability, age, religion and sexuality.³⁹ All these categories interact on multiple and often simultaneous levels, contributing to systematic inequality in society regarding the access to resources and the realisation of life opportunities.⁴⁰

The living conditions and opportunities of persons affected by multiple forms of discrimination, such as on the grounds of disability and gender, can differ completely from those persons facing "only" one form of discrimination. Disability is thus considered a "social category"⁴¹ which is highly sociocultural specific and interacts with other social categories. Consequently, disability should be framed and analysed by international cooperation agencies as a "sociocultural practice".⁴²

The intersectionality of gender and disability

Statistics related to the intersectionality of gender and disability:

- The 2011 World Report on Disability indicates that the female disability prevalence rate is 19.2 per cent whereas it is 12 per cent for men.
- The global literacy rate is as low as three per cent for all adults with disabilities, and one per cent for women with disabilities.
- Although all persons with disabilities face barriers to employment, men with disabilities have been found to be almost twice as likely to be employed as women with disabilities
- Women and girls with disabilities experience higher rates of gender-based violence, sexual abuse, neglect, maltreatment and exploitation than women and girls without disabilities. Women and girls with disabilities are three times more likely to experience gender-based violence compared to non-disabled women.

What does this mean for the work of (international) development organisations and agencies?

According to these statistics, it becomes essential to create links between gender and disability mainstreaming initiatives. Furthermore, specific targets to promote the rights of women and girls with disabilities should focus on:

- Increasing leadership, recognition and participation of women with disabilities in decisions that affect their lives;
- Increasing economic participation and empowerment by ensuring their access to decent work with equitable pay and good working conditions, as well as to land and other assets;
- Ending all forms of violence against women and girls with disabilities and ensuring their access to justice/survivor services. Increased participation in peace, security, disaster risk reduction and humanitarian responses;
- Ensuring women and girls with disabilities have the capacity to make choices, including about their sexual and reproductive health and rights;
- Ensuring girls with disabilities have equal access to both primary and secondary education;
- Challenging social norms that create discrimination and perpetuate prejudices against women and girls with disabilities.

Box 7: The intersectionality of gender and disability

Disability and culture

When development workers and even some scholars speak or write about the situation of persons with disabilities in the global south, they often state that they are locked up, oppressed or even killed by their families.

The mistreatment of persons with disabilities is thereby often explained by common attitudes or mostly by culture.⁴³ Therefore, cultural beliefs about disability are seen as obstacles to development. Considering that perceptions, treatments and interpretations of disability vary widely across and within cultural contexts and over time, it is clear that each project faces specific challenges depending on the environment within which it takes place. It is important that every project that addresses persons with disabilities is aware of the specific context and should have the **“ability to work ‘with’, not necessarily ‘against’ culture”**⁴⁴ when it wants to succeed. What does this mean for the implementation of more inclusive development projects?

The **social model of disability** that forms the theoretical foundation for the rights-based approach and most development policies is a suitable starting point to reveal the connection between disability and culture. The social model “defines disability as a social creation – a relationship between persons with impairment and a disabling society”, therefore putting culture at the forefront: **“Like gender, disability is a culturally and historically specific phenomenon, not a universal and unchanging essence”**.⁴⁵

This view was backed up by an enormous amount of scholarly work, especially in the various fields of anthropology,⁴⁶ and led to a controversial academic discourse with (radical) relativistic positions

on the one side and universal (social and medical) positions on the other.⁴⁷ However, while the social model assumes that disability is formed by cultural and historical phenomena, it locates disability in clear opposition to the non-disabled sections of society. This implies that persons with disabilities are repressed and discriminated against in a universal manner. **The cultural view of disabilities emphasises the interactions between persons with and without impairments.** This notion leads to specific origins of disability based on mutual, interactive and structural complementarity.⁴⁸ The recognition of cultural aspects is reflected in the “International Classification of Functioning, Disability and Health” (ICF) of the WHO (see box 12), addressing individual physical limitations as well as sociocultural contexts that form the specific experience of disability across societies.⁴⁹

It seems that the **“cultural factor”** in the context of disability is already accepted. Yet we have to admit that concrete steps in project implementation, cultural beliefs and attitudes are not properly included in the work of development planners and practitioners.

The understandings, definitions and approaches mentioned in the toolkit up to this point (e.g. the UNCRPD, CBR, ICF as well as the medical and social models) could be seen as the **“global knowledge” of disability**. While universal definitions and principles of disability continue to

form the foundation of government policies and international development cooperation, local contexts and understandings of disability can differ widely. In order to address this contradictory relationship, it is necessary to establish **mutual strategies of development understanding global and local knowledge** on disability as two sides of the same coin.⁵⁰

Examples from the field

Cultural acceptance of disability in Polynesia

Various studies show that certain types of disabilities are more accepted in society than others.

This can be observed in two **cross-cultural observable aspects**. Firstly: the **explanations of the causes** of specific types of disability. When society explains intellectual impairments with chance but blindness through sorcery, then a person with an intellectual impairment can be integrated into the society far more easily while a blind person is excluded. Secondly: the **social expectations** of an individual with a disability when they reach adulthood. When a culture, like in

Despite the fact that cultural perceptions and attitudes towards disability are manifold and dynamic, a closer look at the “local side” reveals some cross-cultural phenomena that come up in many contexts. These are valuable entry points for understanding and working with cultural beliefs and attitudes in specific settings.

many societies in Polynesia, is strongly based on oration (e.g. the ability to speak eloquently and convincingly) for gaining political influence and power, persons with hearing or intellectual impairments experience shortcomings in the political field. In rural societies that are dependent on agriculture and hard physical labour, persons with physical impairments experience far more disadvantages than persons with a hearing impairment.⁵¹

Language as a key to the perception of disability in Mozambique

Language is one of the keys to a cultural understanding and critique of disability on the local level. Attitudes to disability are reflected in proverbs, tales, narratives and myths, and showing cultural understandings and meanings of disability itself. Furthermore, **local language reflects classification systems** addressing questions of stigmatisation and prospects for social development,⁵² as the following example shows. In the suburbs of Maputo, the capital of Mozambique, Handicap

International runs a project for children with cerebral palsy. Over the course of many years, the project team discovered that the local dialect has 27 different terms to describe a fine differentiation of various degrees of the disease. Each word tells exactly if the child and/or the family are seen as victims or as responsible for causing the disability. According to this explanation (guilty or not guilty), the social status and the acceptance of further therapeutic measures are completely

different.⁵³ Negotiations, meanings and attributions of terms are not just a question of semiotic aesthetics but a political and cultural process that shapes a disputed relationship between disabled and non-disabled members of society. This process also reveals the role and perception of society to persons with disabilities. Therefore, **knowledge about local language addressing disability should be used when organising awareness-raising programmes, training and workshops or publishing information and working materials** for development projects.⁵⁴

Gender, age and disability in Central Congo

While disability can be experienced at different stages during the life cycle (birth, life transitions, old age), different **cultural concepts about human development** can lead to **varying degrees of tolerance to human differences**, acceptance and expectations regarding persons with disabilities at different stages in life. As already discussed in the previous chapter, **gender issues also play an important role when it comes to cultural expectations**: the social importance of marriage arrangements, specific tasks regarding family life and opportunities for occupation and employment are particular culturally-arranged aspects resulting in specific restrictions and opportunities for persons with disabilities.⁵⁵

Culturally-specific technical knowledge dealing with disability is also part of the “local side” and must be considered in order to implement more efficient project activities, as shown in the following example. During a medical project in the Kasai Region in Central Congo, medi-

Besides language, **supernatural issues** expressed in ritual transitions, religious sanctions and boundaries, taboos, sorcery and cosmogonies provide information on deep understandings and perceptions of disability. These conceptions are often the **most powerful and resilient and embody the understanding of disability** within the respective society. The degree of access for persons with disabilities to this knowledge and according practices determine their social position and possibilities for transformation and change.

cal doctors offered rehabilitation for children with deformations of the lower limbs due to polio. In addition to surgery and medical rehabilitation through plastering, the children received braces and crutches that should enable them to walk freely. However, as the children grew and the braces and crutches had to be replaced, many families threw them away because it was too expensive or the facilities offering services were too far away or inefficient. Instead of the modern braces, the children were given simple wooden sticks cut from a tree and easily adjusted to their height and weight. The Songye and Luba people living in the region practised this method over hundreds of years. The advantage of being able to use both hands thanks to the braces was not deemed very important. The development planners also did not consider the culturally normative expectation that women should be able to walk whilst carrying goods balanced on their head, which was not possible when using the braces.⁵⁶

What can projects on disability inclusion learn from local culture?

The final example clearly shows that successful project implementation needs to keep both sides of the coin, the global and the local aspects, in mind.

It is important for both sides to be addressed equally and for local and global knowledge to be used in combination if we wish to change the situation of persons with disabilities. The main question is how **universal rights for persons with disabilities** (as implemented by the UNCRPD) can be addressed while at the same time **accepting the equality of cultural approaches towards disability**.

The practical need to pay attention to this issue could be achieved by following the concept of **“situational sensitivity”** taking into account that besides cultural differences, related aspects of class, gender and environment (see chapter 1.4) can also undermine the efficiency of project activities. Being respectful in this regard means that barriers based on these phenomena are identified and understood in order to elaborate functioning projects and solutions.

A closer look at the UNCRPD shows that “situational sensitivity” is anchored in its theoretical framework (social model of disability) and essential for its implementation. **Disability is understood as an interactive relationship between the unique characteristics of persons with impairments and the overall context in which these persons live.** This leads us to the understanding that two persons with the same state of health could have different disabilities due to their overall environment. This interactive conception of disability links the universal rights-based approach to sensitivity to cultural differences. When cultural phenomena define the lived experience of disability, then culture also becomes fundamental for strengthening the rights of persons with disabilities, as defined in the fundamental principles of the GDC.⁵⁷

Disability and culture – aspects to keep in mind

- All development programmes and projects in the field of disability inclusion must adopt a culturally-sensitive approach.
- Sensitisation and awareness raising must address these issues by considering the local language.
- The social acceptance of different types of disabilities can differ widely in different sociocultural settings.
- Devices and technology should be adapted to cultural-specific concepts of age and gender, where necessary.
- Instead of simply applying the rights-based approach to disability in different sociocultural settings, an interactive concept of disability considering universal and sociocultural settings must be implemented in any project design and implementation.

Box 8: Disability and culture – aspects to keep in mind

Summary: Guiding principles for disability inclusion

The definitions and concepts regarding disability inclusion and mainstreaming lead us to two **overall guiding principles for inclusive development** which the implementing organisations of GDC should adhere to: **1. Non-discrimination** and **2. Participation**.

Non-discrimination and participation within inclusive development programmes and projects must be implemented as both a process and a goal:

- **Non-discrimination and participation as a process:** persons with disabilities themselves and their organisations (DPOs) actively participate within all project phases as staff members and counterparts of the GDC.
- **Non-discrimination and participation as a goal:** persons with disabilities benefit from development interventions on an equal level as their non-disabled peers.

The guiding principles of participation and non-discrimination **require** themselves **two important measures**: On the

one hand, appropriate **modifications and adjustments** have to be realised within projects and programmes to ensure that persons with disabilities are able to participate equally. Such modifications should for example contain a reasonable accommodation of persons with disabilities and accessibility to all human rights according to the UNCRPD.

However, a second and even more important requirement is the **creation of attitudinal change and awareness**. While the largest barriers for disability inclusion remain the mind-sets of people and prejudice in society, GDC staff has to become aware of the disability dimension in their programme or project.

Requirements for participation and non-discrimination



What is accessibility?

“Accessibility” means that persons with disabilities get access, opportunity and treatment on an equal basis with others in all facilities and services available to the general public, including physical infrastructure, transportation, communication, information, and information and communication technology.



What is reasonable accommodation?

“Reasonable accommodation” means necessary and appropriate modification and adjustments where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise of all human rights and fundamental freedoms, on an equal basis with others, but not imposing a disproportionate or undue burden on the concerned authority.



What is universal design?

“Universal design” means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialised design. “Universal design” shall not exclude assistive devices for particular groups of persons with disabilities where needed.



What is awareness?

“Awareness” means educating people and GDC staff regarding the needs and rights of persons with disabilities. Sensitisation and awareness raising on disability inclusion and mainstreaming must be ensured on a regular basis within GDC structures.

Illustration 3: Requirements for participation and non-discrimination

Source: own presentation



Photo 1: Good practice – Bangladesh
Coastal Livelihoods Adaptation Project

Source: GIZ Bangladesh

Background

“Including persons with disabilities in disaster risk management (DRM) and livelihood activities in Bangladesh”

GIZ and its partner NGOs are working with the people of coastal areas of Bangladesh under the Coastal Livelihoods Adaptation Project (CLAP) since 2012. The project aim is to strengthen the livelihoods and resilience of the most vulnerable people through diversification of on and off farm activities and the implementation of Disaster Risk Reduction and Climate Change Adaptation at household, community and institutional level. Based on critical learning and the experience of two devastating cyclones in 2007 and 2009, GIZ realised that persons with disabilities belong to the most vulnerable groups, experiencing food deficit over the year along with poor housing and sanitation conditions in general. Furthermore, there are only very few interventions from both the government and other development agencies, to address the livelihood issues of persons with disabilities. Proper facilities for rehabilitation as well as schooling and skills training are also almost absent in the country. As a result, persons with disabilities are less involved in income generating activities and therefore dependent on others, putting greater burden on already poor families. As a result a special project for including persons with disabilities in DRM and livelihood activities was created in late 2014.

Approach

Both the CLAP and the inclusion project in Bangladesh follow a twin-track approach by mainstreaming the needs of persons with disabilities throughout all interventions and phases and by providing explicit capacity building and other targeted initiatives to persons with disabilities at the same time in selected villages and districts. Additionally, the double discrimination of women with disabilities and their high vulnerability in disaster and climate risks are acknowledged by prioritising the participation of women in key activities of the projects.

- To address the exclusion of persons with disabilities in the economic and socio-political sphere, persons with disabilities are involved in different income generating activities such as – cattle rearing, tailoring, vegetable gardening and small business, in order to improve their livelihood and income security. Further, the project has formed community interest groups where persons with disabilities are equally participating and sharing responsibilities with other community members.
- The project is carrying out individual needs assessment, engaging persons with disabilities and their household members for identifying the infrastructural support that is most needed in order to increase their mobility by making appropriate adaptations. In 15 households accessible toilets and stairs have been constructed and technical and prosthetic equipment as well as health support has been provided to numerous beneficiaries.
- In addition to individual psycho-social counselling for persons with disabilities, awareness-raising and sensitisation following the social model and human rights based approach are provided to families, communities and local governments to reduce the discrimination against persons with disabilities.

Lessons learnt

In order to reduce the vulnerability to climate and disaster risks, effective approaches need to respond to the specific circumstance of the persons with disabilities (e.g. gender, family situation). The involvement and support of families and communities is key to secure the sustainability of intervention to reduce discrimination and exclusion and to build more inclusive structures. To improve the situation of persons with disabilities, the government needs to increase its support on all levels.

Contact:

Dr. Purnima Doris Chattopadhyay-Dutt, Principal Advisor:
purnima.chattopadhyay-dutt@giz.de

PART II: How to be an inclusive organisation

"States Parties recognize the importance of international cooperation and its promotion, in support of national efforts for the realization of the purpose and objectives of the present Convention, and will undertake appropriate and effective measures in this regard, between and among States and, as appropriate, in partnership with relevant international and regional organizations and civil society, in particular organizations of persons with disabilities". UNCRPD, Art. 32

The assessment of the inclusion of persons with disabilities within organisations, programmes and projects is designed, to estimate the current situation of an organisation with regard to its inclusiveness. Therefore, the assessment analyses specific areas to detect current strengths and fields to be further improved.

In order to ensure the inclusiveness of an organisation, disability must be mainstreamed throughout each programme and project of an organisation. Persons with disabilities must be included on all levels, as their experience and perspectives on disability are central to all components of an organisation. Additionally, it is necessary for each employee to understand disability inclusion, as a process starting with the individual.

It must be borne in mind that the further improvement of disability mainstreaming within an organisation consti-

tutes a change process. Any mainstreaming intervention on the organisational level will trigger a change process – a process that will most likely affect the working habits and responsibilities of employees and may initially be met with resistance. Therefore, it is important to motivate staff and partners to take disability inclusion seriously.⁵⁸


Tools in this section


- **Tool 1:** Assessment and evaluation of the inclusion of persons with disabilities
- **Tool 2:** Cost of exclusion

This chapter offers a tool to help you assess your organisation, programme or project on the inclusion of persons with disabilities (Tool 1) and a tool to tackle common excuses for not including persons with disabilities (Tool 2).


Tool 1: Assessment and evaluation of the inclusion of persons with disabilities


Useable at macro/meso or micro level

 This tool aims to assess seven areas of disability mainstreaming that are crucial for cooperation either at the level of a whole organisation, or specific programmes/projects. It can moreover be used by partners such as ministries, DPOs, NGOs, etc. Within development cooperation, seven areas have been identified for this assessment tool: policy, planning and management and evaluation, programme implementation, coordination and networking for rights, accessibility, human-resource management and capacity building. Each field assesses the organisation's current level of inclusion of persons with disabilities on a scale of 1 [no inclusion] to 4 [advanced inclusion]. The assessment (Tool 1) findings are an analysis of the organisation's inclusiveness and specific areas for further improvement can be identified. For a better visualisation, the assessment results can be entered in the evaluation assessment (see working material 4.6). This tool can be used by the organisation to conduct a self-assessment. However, the findings may be more reliable if the analysis is conducted by an external party. Therefore, and for further expert input, a resource person is highly recommended. The resource person should be ideally a person with disabilities to make sure that the findings of the assessment reflect the experience and perspective of persons with disabilities.

 Planners and practitioners of the GDC, partners, ministries, DPOs, NGOs (always including persons with disabilities)

 2.5–3.5 h  5–8 participants

 Projector, flip charts, markers, handouts

 An overview of the relevant areas of any existing mainstreaming strategies/policies regarding disability inclusion within the organisation is advisable.

Note: A pre-assessment of participants' awareness and, where necessary, awareness raising is advisable, we recommend ensuring quality participation and usable results (e.g. pre-survey/questionnaire via email).

Instructions

Step 1	Familiarise the participants with the assessment tool
15 mins	Explain the different areas to be assessed, such as the different levels of inclusiveness (1: no inclusion, 2: low inclusion, 3: medium inclusion, 4: advanced inclusion). You can use a PowerPoint presentation or similar for visual assistance. Distribute a handout of the assessment sheet (see below) to each participant. Make sure the presentation and handout is accessible for everyone (e.g. visually impaired persons). Ask if there are any questions.
Step 2	Discuss the level for each area
60–90 mins	The group (ideally facilitated by a resource person) reads through all areas and levels of the assessment sheet and discusses how to classify their organisation. Each choice must be explained and emphasised with an example. Use flip charts so participants can visualise the points being discussed. Allow enough time to discuss various opinions for each area.
Step 3	Visualise the findings
5 mins	Use the evaluation assessment to evaluate the findings (see working material 4.6). For those areas with sub-points, you can use the average value. If findings are very diverse, we recommend discussing them in detail.
Step 4	Discuss entry points
60–90 mins	Use the evaluation tool to discuss potential areas for further improvement. Participants should identify at least 2–3 areas to be discussed in more detail or all areas if there is sufficient time. A possible entry point could be the next level given on each area. What is necessary to reach this level? All suggested entry points and areas of further improvement should be documented. We recommend appointing one person to follow up the suggestions discussed.

Tool 1:
Assessment of the inclusion of persons with disabilities⁵⁹

Area		Level 1	Level 2	Level 3	Level 4
Policy	1	Disability or inclusion of persons with disabilities is not included in strategy documents or in sectoral policies.	Inclusion of marginalised groups is mentioned in strategy documents and sectoral policies, but not in the official policy.	Inclusion of persons with disabilities from a rights-based perspective is mentioned in strategy documents and established in some sectoral policies.	Inclusion of persons with disabilities from a rights-based perspective is a cross-cutting issue in all programmes and established in all strategy documents and sectoral policies.
	2a	Disability data is not collected in any programme.	Disability data is collected in less than half of the programmes.	Disability data is collected in more than half of the programmes.	Disability data is collected in all programmes.
Planning, management and evaluation	2b	Disability is not mentioned in planning, monitoring and evaluation formats.	Disability is mentioned in some planning, monitoring and evaluation formats.	Disability is mentioned in the majority of planning, monitoring and evaluation formats.	Disability is included in all relevant planning, monitoring and evaluation formats, including annual programme reports.
	2c	Persons with disabilities and/or their organisations are not involved in the design, planning, monitoring and evaluation of any programmes.	Persons with disabilities and/or their organisations are consulted in the design, planning, monitoring and evaluation of less than half of the programmes.	Persons with disabilities and/or their organisations are consulted in the design, planning, monitoring and evaluation of more than half of the programmes.	Persons with disabilities and/or their organisations are involved in the design, planning, monitoring and evaluation of all programmes.
Programme implementation	3a	The number of beneficiaries with a disability in programmes is insignificant.	1-3% of the beneficiaries in programmes are persons with disabilities.	4-5% of the beneficiaries in our regular programmes are persons with disabilities.	6% or more of the beneficiaries in programmes are persons with disabilities.
	3b	There is no collaboration with organisations directly providing services to persons with disabilities (including the government) in programmes.	Collaboration takes place with organisations directly providing services to persons with disabilities (including the government) in less than half of the programmes.	Collaboration takes place with organisations directly providing services to persons with disabilities (including the government) in less than half of the programmes.	All programmes collaborate actively with organisations directly providing services to persons with disabilities (including government).
	3c	No budget is allocated for the inclusion of persons with disabilities in programmes.	0-1% of budget is allocated for the inclusion of persons with disabilities in programmes.	2% of budget is allocated for the inclusion of persons with disabilities in programmes.	3-7% of budget is allocated/made available for the inclusion of persons with disabilities in programmes.
Cooperation and networking for rights	4	The rights of persons with disabilities are not included in the organisation's existing cooperation or networking activities.	The rights of persons with disabilities are included in some of the organisation's existing cooperation or networking activities.	The rights of persons with disabilities are included in the majority of the existing cooperation or networking activities.	The rights of persons with disabilities are included in all existing cooperation or networking activities.

Accessibility	5a	The organisation's office building and meeting rooms are not accessible to persons with disabilities.	The meeting rooms and toilets are accessible to persons with disabilities. The workspaces are not accessible.	The meeting rooms, toilets and part of the workspaces are accessible to persons with disabilities.	The whole office, including all workspaces, meeting rooms and toilets, are accessible to persons with disabilities.
	5b	Accessibility is not taken into account when events are organised. Only a small proportion of the events are accessible to persons with disabilities.	Accessibility is not taken into account when events are organised, but 50% of the events are accessible to persons with disabilities.	Accessibility is taken into account when events are organised. The majority are accessible to persons with disabilities.	All events organised by the organisation are accessible to persons with disabilities.
	5c	The website and other information sources are not accessible to persons with visual impairments.	The website is tested for accessibility and is partly accessible. Newsletters and information are made accessible on demand.	The website is tested for accessibility and is fairly accessible. The option of getting newsletters and information in an accessible format is actively communicated.	The website is fully accessible and newsletters/brochures/handouts are available in accessible formats (audio, simple language, large letters, sign language, Braille).
	5d	No accommodation is made for persons in need of sign language interpretation.	Sign language interpretation is made available on demand, but at the users' expense.	Sign language interpretation is available on demand.	Sign language interpretation is always provided as an option.
Human resource management	6a	No human-resource diversity policy is available. No actions are taken to employ persons with disabilities.	A diversity policy is available, but disability is not mentioned there.	Disability is mentioned in the human-resource diversity policy.	Disability is mentioned in the human-resource diversity policy and affirmative action is taken to employ persons with disabilities.
	6b	There are no staff or volunteers with disabilities.	About 1% of staff are persons with disabilities.	At least 1% of staff and volunteers are persons with disabilities.	At least 2% of staff and volunteers are persons with disabilities.
Capacity building	7a	No training has been given to staff on the rights of persons with disabilities and inclusion in regular programmes.	Some staff received one-off training on the rights of persons with disabilities and inclusion.	Some of the decision-makers and the majority of staff received one-off training on the rights of persons with disabilities and inclusion.	Most of the decision-makers have received one-off training. Staff regularly receive training on the rights of persons with disabilities and on inclusion. Staff members are encouraged to actively work on including persons with disabilities.
	7b	The inclusion of persons with disabilities is not discussed with partners/stakeholders and no training on inclusion is offered.	The inclusion of persons with disabilities is discussed with partners/stakeholders but no training is offered.	The organisation offer training on the rights of persons with disabilities and inclusion to all partners/stakeholders.	The organisation systematically offers training on the rights of persons with disabilities and inclusion to all partners/stakeholders.

Evaluation of the assessment of the inclusion of persons with disabilities, see working material 4.5.

Tool 2: The cost of exclusion

If a person with disabilities is excluded as a whole, it affects her or his family, community and the whole of society. Here are a few examples of the impact and cost of excluding persons with disabilities:⁶⁰

The cost of exclusion	
1.	A loss of productive potential of persons with disabilities due to a lack of appropriate rehabilitation, education and vocational training opportunities.
2.	Additional costs to the family, community and state in caring for the person with disabilities who could have become independent.
3.	At family level: loss of income because time is needed to take care of family members with disabilities. The children of persons with disabilities miss school because they have to care for their parents or there is no money to go to school.
4.	Additional medical costs that could have been avoided by basic exercises or rehabilitation that prevents impairments becoming worse – for example, corrective surgery for contractures due to cerebral palsy or post-polio.
Box 9: The cost of exclusion	

Tackle the six major reasons that are excluding persons with disabilities

There are common reasons brought up by organisations to not include persons with disabilities. The following outlines six of those, which are widely used. In addition, each reason for excluding persons with disabilities is opposed by counterarguments. In case you are confronted with reasons why persons with disabilities cannot be included, take them seriously but also take the chance to counteract.

Six common reasons why persons with disabilities are excluded and arguments to tackle these

"The inclusion of persons with disabilities is not cost effective for us"

People often believe the inclusion of persons with disabilities is a financial burden. This idea usually underlies the individual/medical model of disability (see 1.1). Here, disability is reduced to a medical problem and people fear high costs relating to assisting devices or equipment, medical treatment, transport, etc. There are costs involved in including persons with disabilities, but these are not as high as many people assume. Different estimations suggest 2–7% of a programme's budget is enough to create an accessible environment. Programmes can start with simple mainstreaming measurements, which

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rely on existing infrastructure within programmes and the country. Thus the awareness in programmes and communities about disability grows and consequently also social acceptance of the concerns and needs of persons with disabilities. Once the inclusion of persons with disabilities is considered in all aspects of the project cycle, the costs are very limited.

In addition, you can try to acquire funding from foundations dealing with the topic on the national or international level.

"Persons with disabilities are not able to perform as well as their non-disabled peers"

Another myth states that persons with disabilities cannot perform as well as those without disabilities. This is not correct as long as barriers are broken down. Therefore, it is very important to focus on removing barriers in order to make programmes more inclusive (see 3.2). People are often surprised to hear that persons with disabilities are capable of doing the same work as their non-disabled peers. Usually they are merely deprived of opportunities to demonstrate this. Furthermore, other studies found that promoting the inclusion of persons with disabilities in the world of work is not only a matter of rights and social justice but also contributes to sustainable growth and development in countries.

It is estimated that 80% of persons with disabilities can be included in programmes without any specific costly interventions. A first easy and affordable step is to design future job offers that are inclusive. You should always keep in mind that persons with disabilities can judge best for themselves what they are capable of doing. Hence, it is important to ask each individual before assuming what the person needs.

"There is not enough expertise to include persons with disabilities"

There are various mainstreaming toolkits, which provide easy and low-cost interventions to start including persons with disabilities. The expertise on disability issues is usually available in any country in the form of DPOs and NGOs with decades of practical expertise, which will embrace your interest in learning from them and build your capacities on the issue. If this is not the case, it is recommendable to ask international organisations or organisations from other countries for advice. No one is asking you to be an expert, but you can get experts on the issue easily and at any time. In fact, most DPOs are very welcoming and eager to assist. Additionally, they can most likely provide you with information about good practices within the country (see working material 4.8 "How to find DPOs").

"As time is already scarce, we simply cannot add another issue"

The inclusion of persons with disabilities should not be seen as a burden, but rather as a success story. Disability issues can be included in all kinds of activities while using disability mainstreaming tools and by including these in your project cycle. Persons with disabilities are part of the population in every country and should be included in the same way as anyone else. It is not a new project, which is time and cost consuming but rather a valuable asset to each programme. Once disability mainstreaming is implemented in

your project cycle, it is a new factor to be aware of but it does not take as much time as a new component.

Besides, take into account that any target group consist of persons with disabilities. To not take that into account would be irresponsible. Persons with disabilities belong to the most vulnerable groups and if you want to address poverty without including persons with disabilities, your intervention might not be sustainable.

"We need to tackle the problems of the 'normal' people first before we start including persons with disabilities"

First of all, persons with disabilities are as normal as anyone else with individual needs – as everyone has. Most development agencies have policies or strategies on including persons with disabilities and most countries have ratified the UNCRPD (more than 160 countries). If your organisation is unable to include persons with disabilities on all levels, it might violate policies within the organisation, partner organisations and/or its government. Besides, the inclusion of persons with disabilities is an important part of the SDGs. Therefore, disability inclusion should feature on every development cooperation agenda.

"This is not one of our donor/partner's priorities"

Explain that the UNCRPD has been signed and maybe even national disability-specific policies exist. Not including persons with disabilities might violate multiple policies within your organisation, partner organisations and/or its government. Additionally, the inclusion of persons with disabilities is explicitly mentioned in the SDGs and is therefore essential for development cooperation.

Have an open discussion about the topic with donors. Explain to them that you are committed to the inclusion of persons with disabilities, not just because of your own motivation but also because of existing development strategies/policies within your organisation/country. You can moreover give examples of other projects that are successfully taking the inclusion of persons with disabilities seriously.



To further challenge common reasons of excluding persons with disabilities you can use **"Socratic questioning"** (see working material 4.6). Socratic questioning is used to discover the idea of an understanding in depth and maybe even to challenge it. It can be used to get the other person to reflect on their understanding of an issue.⁶¹ You should moreover use your knowledge, complemented with the information in chapter 1, to confront the reasons for excluding persons with disabilities.

Light for the World (2010):

[Count me in. A practical guide towards inclusion](#)

GIZ; Centre for Disability Development (2015):

Towards Disability Inclusion. A Handbook for the Inclusion with Disabilities in the Government and Ready-Made Garment Sectors.

ILO (2010):

[The price of excluding people with disabilities from the workplace](#)

IDDC (2012):

[Making Inclusion a Reality in Development Organisations. A toolkit for advisors in disability mainstreaming](#)

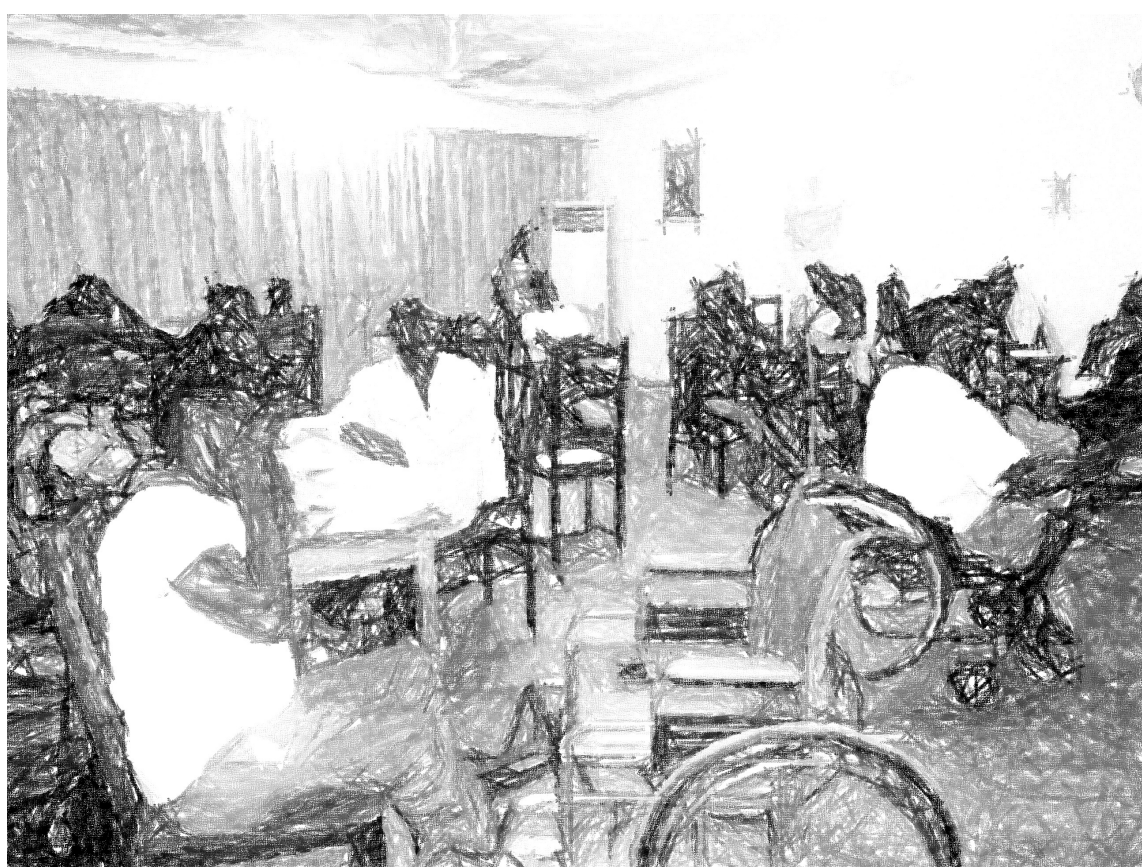


Photo 2: Good practice –Togo
Vocational Education and Training & Youth Employment Promotion

Source: GIZ Togo

Background

“Systemic disability mainstreaming on the organisational level of GIZ in Togo”

After official cooperation was suspended in the 1990’s due to political developments in Togo, GIZ resumed its work in the country in 2013. As a unique feature of GIZ in Togo, the inclusion of people with disabilities is not only considered at the implementation level of selected programmes, disability mainstreaming is systematically pursued at organisational level of the country office and across programmes. Right from the start, the BMZ action plan on the inclusion of persons with disabilities gave guidance to the programme and organisational development of GIZ in Togo. Additionally, the national poverty reduction strategy, designed with the participation of the national federation of persons with disabilities “Fédération Togolaise des Associations de Personnes Handicapées” (FETAPH), identified disability inclusion as an important issue to reduce poverty and create growth and participation for all Togolese citizens. Around 15% of the Togolese population are estimated to have a disability of which 80% live in poverty. Together

with FETAPH, national DPOs and international organisations, such as HI and CMB, GIZ Togo supports disability mainstreaming within its own structures and throughout its cooperation with the Togolese government.

Approach

To systematically implement disability mainstreaming on an organisational level, GIZ Togo determined several key areas that demand constant monitoring:

- **Accessibility** of the country and programme offices, along with adaptation of partner offices or programme implementation facilities, such as vocational training centres
- **Inclusive job announcements** for international and national positions
- **Awareness-raising** and sensitisation of international and national GIZ as well as partner staff
- The **participation** of persons with disabilities and DPOs in programmes activities, as well as in planning, implementation and monitoring on the macro, meso and micro level.

See working material 4.15 for an “Overview of results for disability mainstreaming in key areas for GIZ Togo”.

Lessons learnt

After two year of implementing disability mainstreaming on the organisational level, some important conclusions on lessons learnt and remaining challenges could be made:

- **Awareness-raising** among all staff levels needs to be offered at regular terms due to persistent high turnover of personnel
- The capacities and financial resources of **disability focal points** need to be strengthened to enable them to fulfil their mandate and effectively maintain cooperation with important stakeholders, such as DPOs
- **Stakeholder mapping and the context analysis** of the programmes should be updated with every new programme phase
- **The cooperation with and participation with DPOs** in all phases must be constantly encouraged and systematically supported, by financial means and human capacities of staff.

Contact:

GIZ Office Lomé, Togo: giztogo@giz.de

PART III: Toolkit for disability inclusion

*"Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in **interaction with various barriers** may hinder their full and effective participation in society on an equal basis with others." UNCRPD, Art.1*

As seen in the first article of the UNCRPD, the strengthening of inclusion requires the removal of barriers hindering persons with disabilities from participating equally in all spheres of society. This basic assumption is the guiding principle of the toolkit for disability inclusion: the process from exclusion to inclusion is displayed in a cycle that should guide the user through the process towards more inclusive development projects. Based on the analysis of barriers, the main part of the cycle deals with how to remove these barriers through project implementation. To ensure efficiency and the results orientation of disability inclusion, the cycle also contains guidelines for a monitoring and evaluation system, adapted to the specific requirements of inclusion into GDC projects using the twin-track approach.

The first section on **"analysing barriers"** is a guideline for **inclusive project planning**. The first tool offers the opportunity to familiarise oneself with the specific disability context of your project. The **"situation analysis"** on the macro, meso and micro levels helps to develop a basic understanding of existing barriers that hinder inclusion in the respective project sector. As the participation of persons with disabilities is a core principle of GDCs work, the tool **"identifying stakeholders and strengthening cooperation"** helps to identify DPOs and other relevant stakeholders needed for

your project to strengthen the cooperation structures.

The second section on **"removing barriers"** is the main part of the cycle offering concrete tools that help to implement inclusion in GDC programmes and projects. As one of the biggest barriers is found in discriminating attitudes towards persons with disabilities, the **"awareness-raising tool"** helps to create acceptance and sensitivity for inclusion within the target group and project staff. As accessibility is another core principle for inclusion, the tool **"conducting inclusive workshops and meetings"** helps to include persons with disabilities in the project activities. According to the principle of "Nothing about us without us", the tool **"building an advocacy network"** provides guideline to create a stakeholder network strengthening inclusion on an institutional level. To ensure that the results of the first section are used for implementation, the **"action plan"** tool for inclusion offers concrete guidelines to incorporate the inclusion of persons with disabilities into programmes that are already running and to address identified barriers throughout the project.

The third section on **"inclusive monitoring and evaluation systems"** should ensure that monitoring and evaluation processes are carried out according to the guiding principles of disability inclusion. Disability inclusion can be developed based on the formulation of **"dis-**

ability specific indicators for an RBM system". Following **"specific data collection methods"** for disability-sensitive monitoring, inclusion of the perspectives of persons with disabilities is ensured in the monitoring. The final step offers guidelines for a **"disability-specific eval-**

uation" to ensure that lessons have been learned for more inclusive projects in the future.

Despite the chronological order of the cycle, the various tools can be used flexibly according to the stage of your project and the specific scope of your activities.

Toolkit for Disability Inclusion

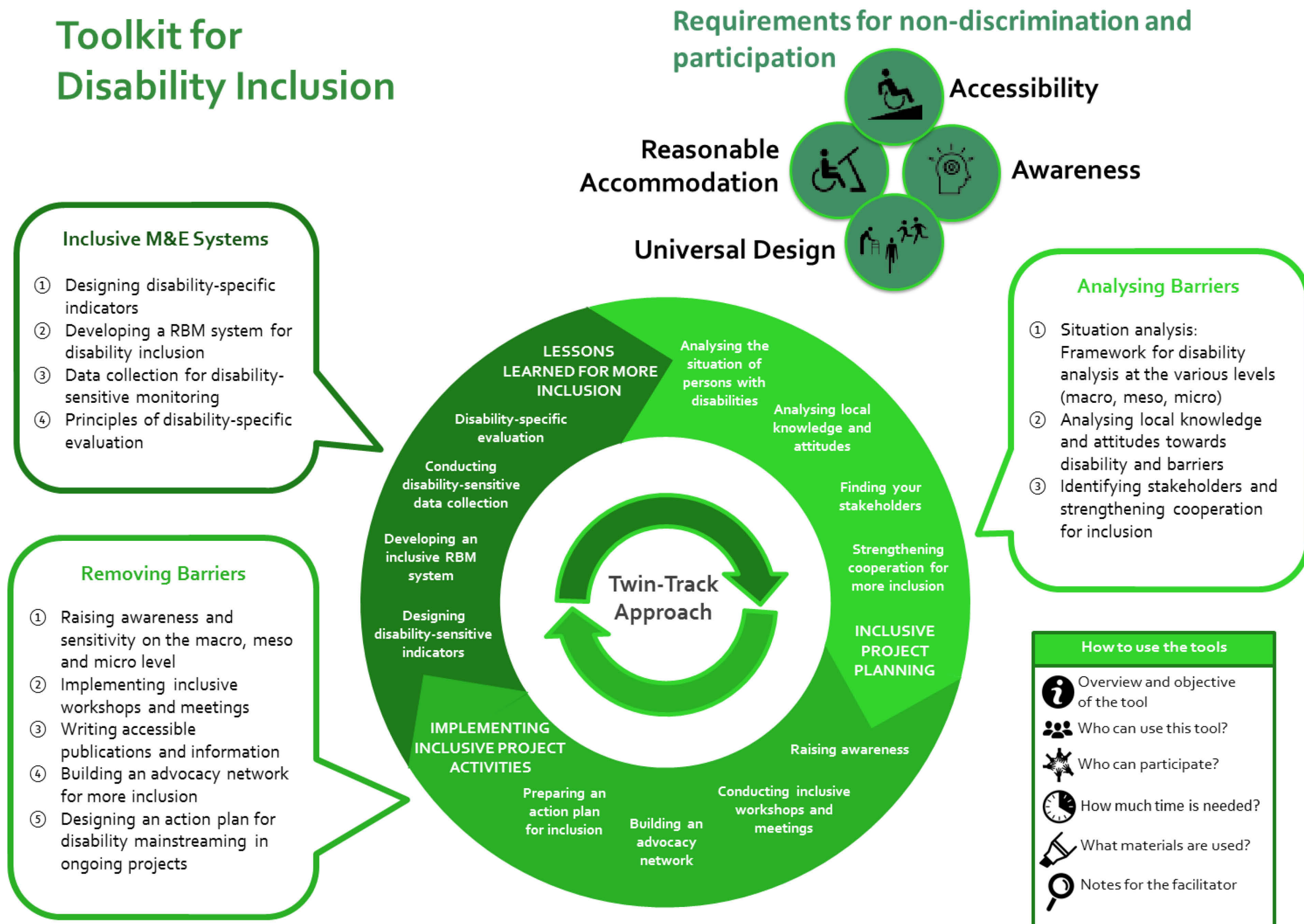


Illustration 4: Toolkit for disability inclusion

Source: own presentation

3.1 Overview: Analysing barriers

During the analysis and planning phase, the situation at the national and sector levels is analysed to reveal barriers by identifying problems, constraints and opportunities that development cooperation could address. This involves a review of socioeconomic indicators and of national partner priorities. The purpose of the analysis and planning phase is to identify the main focus, objectives, stakeholder, and target groups for development cooperation, and thus to provide a relevant and feasible programming framework within which programmes and projects can be identified and planned.

Tools in this section

- **Tool 3:** Disability-sensitive situation analysis on various levels
- **Tool 4:** Identification of stakeholders for inclusion and strengthening cooperation

Why it is important to consider disability issues in this phase?

Including a disability perspective is relevant for all development interventions related to the improvement of living conditions and poverty alleviation. Furthermore, to consider persons with disabilities as stakeholders and beneficiaries means tapping into a huge potential of knowledge, experience and ability of a significant portion of the population. The most reliable way to include a disability perspective in this phase is to actively

consult with DPOs and persons with disabilities. This will make your findings and ideas more comprehensive. It will improve the changes for designing programmes that contribute to poverty reduction in a more profound, inclusive and equitable manner.

To increase the reliability of your analysis, it is important to consult disability disaggregated data. Unfortunately, disability is often considered “invisible” due to the frequent absence of such data. It is therefore crucial not to confuse the absence of data with the absence of persons with disabilities, but on the contrary to expect persons with disabilities to form part of every target group.

To find available data, it is also advisable to consult with national disability stakeholders, such as DPOs, disability service providers, ministries for health, education, statistic offices or with international organisations.



If a disability perspective is omitted during analysis and planning, persons with disabilities may unintentionally be excluded. In a worst-case scenario, this would lead to the design of interventions that are actually detrimental to persons with disabilities and their living conditions.

It is smarter, easier, cheaper and more effective to be disability inclusive from the outset. To include and consult with disability stakeholders during the analysis and planning phase is no more expensive than with any other group of stakeholders.

Objectives of the “analysing barriers” section



Establish the link between disability and the project’s core goals. Consider what aspects of the project could be of particular relevance and importance to persons with disabilities and what degree of inclusion is relevant to your planned intervention.



Consider disability inclusion as a line item in your budget planning. Experience suggests that this will help to keep disability a priority as well as ensure available funds for some disability specific/target components.



Review internal planning procedures to safeguard inclusion. In addition to the project proposal, organisational and institutional policies, adapt-

ing procedures and decision-making processes to systematically include the perspectives and experiences of persons with disabilities is advisable. Considering persons with disabilities as potential staff for your future programme/intervention can help eliminate attitudinal, institutional or environmental barriers for persons with disabilities.



Identify barriers for the inclusion of persons with disabilities on various levels. Consider how a future programme intervention can contribute to removing attitudinal, institutional or environmental barriers for persons with disabilities.

General principles for inclusion in the analysis and planning phase

Awareness



To incorporate in a disability perspective is not so much a matter of specific expertise or financial resources, but rather of awareness on the part of development planners and practitioners.

- Identify the necessity of including persons with disabilities within the programme, not only as a target group, but at all levels including planning and decision-making.
- Be cautious not to group persons with disabilities in a single “vulnerable group” category or assume they all think the same without thoroughly analysing their specific situation.

Participation



Including a disability perspective will make a valuable contribution to this phase, but the participation of persons with disabilities is not only a means to achieve reliability and comprehensiveness but an end in itself as outlined in the guiding principle of the UNCRPD (Art. 3). Like any other group within society, they are entitled to participation in all aspects of life, including international development cooperation (Art. 32).

- The best way to ensure equal participation is to actively seek out and communicate directly with a broad range of persons with disabilities and DPOs, providing opportunities for them to actively participate in analys-

ing and planning the proposed programme.

- Decision-making processes in many development organisations follow highly bureaucratic and top-down decision-making processes. This poses a major barrier for promoting the active participation of persons with disabilities. Decision-making processes therefore need to be revised and adapted accordingly.
- To ensure participation on all levels, development planners should also consider employing persons with disabilities within the programme. This can send a strong signal of your commitment for inclusion and motivate other persons with disabilities to support the programme.

Non-discrimination



To effectively include persons with disabilities in your development intervention, it is crucial to analyse barriers on different levels and to identify appropriate measures to overcome discrimination and create accessibility through reasonable accommodations for persons with disabilities.

- To what extent are the planned project interventions/facilities accessible for persons with disabilities and other vulnerable groups, such as pregnant women and the elderly?
- Which barriers have been identified on the attitudinal level and what are the specific mechanisms excluding persons with disabilities from accessing mainstream services and participating in an equal society? How can the programme target induce attitudinal change? Who are the stake-

holders that can support you in this process?

- The analysis phase should have identified which laws, policies and guidelines exist within the country, sector or partner institution that will affect the programme's outcome. It is essential to assess the extent to which these provisions pose an institutional barrier to the inclusion of persons with disabilities and the ways in which the programme can contribute to removing discriminating policies and laws and strengthening the inclusion in all aspects of law and policymaking.

How to build a twin-track approach?



Ideally, the analysis and planning phase will provide you with a sufficient amount of findings and information to decide what extent targeted initiatives are necessary to effectively advance the inclusion of persons with disabilities and where a general mainstreaming approach is adequate.

- Analysing disability disaggregated data on the national, region and local level in relation to your sector of intervention is crucial to assess the situation of persons with disabilities. The analysis will guide you in determination of the degree of inclusion necessary and feasible for your programme and which targeted initiative would be the most urgent and necessary.
- If this data does not exist, consult with local disability stakeholders to conduct research where possible.
- The analysis will tell you which services and institutions in your sector are the most crucial for persons with

disabilities and the consultation with key stakeholders will advise you how to improve them.

- Assessing the stakeholders for inclusion, their specific commitments and capacities will reveal who could be

valuable partners for your programme and how you can provide support with specific capacity building. The role of DPOs should be considered specifically in this process.

Use of the GIZ results model in a disability context

The success of an inclusive project planning depends on the quality of the disability analysis that has to be carried out before designing a results model. The connection between the results and their intended change for persons with disabilities must be systematically considered; a situation analysis could be carried out to obtain detailed information. The focus should be on the relationships between persons with disabilities and society, the identification of their specific needs, patterns/practices of discrimination and marginalisation, and possibilities to strengthen disability inclusion to counteract exclusive mechanisms. Based on these findings, disability-specific results hypotheses focusing on a specific country or sectors are formulated.

In general, the GIZ results model describes results (changes) that have a causal relationship in a predefined sphere

of responsibility where activities are carried out using different instruments. Changes that are outside the sphere of responsibility cannot be directly changed, though they still remain quite relevant. Results within the system boundaries can influence results located in this outer sphere, e.g. attitudinal barriers towards persons with disabilities. The main question is what or who has to be changed to achieve the planned results?

In the context of this toolkit the question should be changed as follows: what are the main (attitudinal, environmental and institutional) barriers that interfere with the inclusion of persons with disabilities in a project? Depending on the scale of the identified barriers, a certain path of the twin-track approach should be used to ensure the results. The following table provides orientation for designing/adapting your results model.⁶²

To ensure that disability mainstreaming is anchored in all (pre-)planning activities of GIZ, disability issues should be systematically considered during elaboration of the results model. To include a disability perspective in existing models, examine all results and activities for their disability relevance. If necessary, adjust an existing model by formulating additional results and indicators. The following questions can support the analysis:

Results and objectives

- Are there any specific results and recommendations from the disability analysis (see tool 3) that should be reflected in the results model? If so, what are they? Are they part of the result matrix and the objective system? If so, in what way?
- What do the project results tend to achieve at various levels: target group (micro level), institutions (meso level), political and legal framework (macro level)
- What activities must be conducted and results achieved to gradually fulfil disability-sensitive indicators (see tool 9)?
- What results specifically address persons with disabilities? What results address all members of the target group? How do these results influence the relationship between persons with and without disabilities?
- Does the project intend to achieve specific disability mainstreaming results at the institutional level, i.e. in partner organisations and other stakeholders, organisations or networks? If so, what are they and how are they to be achieved?
- Do the partner organisations have relevant strategies or policies, such as a national disability strategy, disability-sensitive sectoral action plans or regional commitments? If so, what results do these strategies and policies aim to achieve? Are they being monitored?
- Does the partner already pursue disability-sensitive objectives? How and where can the project contribute to achieving these and at which level(s) (individual, institutional, legal, cultural, regional, sectoral, etc.)?

System boundaries/sphere of responsibility

- Which stakeholders/actors and change agents can be identified within the system boundary and have to be integrated or strengthened in order to achieve the disability related results and promote inclusion?
- Which fields that have to be monitored are especially important for disability inclusion?

Assumptions and risks


- What are assumptions about the project environment? How do external actors influence the situation of persons with disabilities, especially with regard to the results?
- What are specific risks for disability inclusion in this context?
- Which negative results (side effects) must be avoided?


Instruments and key activities

- Are the activities and instruments designed in a disability-sensitive way?
- In what way is the twin-track approach considered? In what areas are activities of disability mainstreaming appropriate? What areas need targeted initiatives for persons with disabilities to achieve the results?

Tool 3: Disability-sensitive analysis on various levels

Useable at the macro, meso and micro levels


 This tool offers guiding questions and instructions to assess the status quo of laws and/or policy frameworks addressing disability issues on the macro and meso levels in the project country. The main focus of the analysis is on the **policies, services and practices** in the respective project sector, not on the overall country context. An analysis of specific services is important to estimate realistic outcomes the project could have. The analysis is the first step to obtain detailed information about the current situation of persons with disabilities and should form the basis for further planning activities.


 Development planners

 3–4h



4–6 participants: GIZ staff, DPO staff, government staff

 Relevant documents (laws, policies, etc.)

 How is your field of work/sector reflected in the UNCRPD and national policies? Consult available statistical data concerning the situation of persons with disabilities, especially in the respective sector (see the “Where to find information about disabilities” box below). Contact resource persons (DPOs) to obtain first-hand information on current policies and possible gaps between their formulation/adaptation and implementation.

Instructions⁶³

Besides a discussion and desk analysis of existing laws and policies, this tool requires field trips to specific service providers aligned to the project sector.

Step 1 Assessing laws and policy frameworks at the macro level

The assessment of the policy framework starts with a closer look at the **macro level**. The participants discuss the following topics/questions and make a note of the biggest barriers to disability inclusion in the context of the project sector:

Guiding questions

***Has the government ratified the UNCRPD?***

- Has ratification of the convention prompted successful measures for inclusion in the project sector?
- Which authority is responsible for monitoring the UNCRPD and its documentation? Does the monitoring take place?
- Are there gaps between the ratification and implementation of the convention?

What national laws specifically address persons with disabilities in the respective project sector?

- What rights do persons with disabilities have based on these laws?
- Are persons with disabilities involved in the consultation process for these laws?
- What concept/definition of disability is used?
- Where are the biggest gaps between formulation and implementation of these laws?

What national policies specifically address persons with disabilities in the respective project sector?

- How do persons with disabilities benefit from these policies?
- Are persons with disabilities involved in the development of these policies?
- Where are the biggest gaps between formulation and implementation of these laws?

Are there any action plans, strategies or road maps concerning inclusion?

- If not, try to find out if other projects within your organisation have action plans, strategies or road maps to get an idea of what you could develop. You can also check in neighbouring countries.

Are there any national and sector policies/strategies for specific services (e.g. rehabilitation, employment opportunities, inclusive education, etc.)

- How do persons with disabilities benefit from these services (statistics)?
- Are there any affirmative actions?
- Where are challenges for a more efficient implementation of these services on the macro level (e.g. financing)?

Are there any good practices that could be used as examples in the respective project sector?

Where to find information about disabilities

United Nations Statistics Division

<http://unstats.un.org/unsd/demographic/sconcerns/disability/>

Washington Group on Disability Statistics

<http://unstats.un.org/unsd/demographic/sconcerns/disability/>

World Bank Disability Section

<http://www.worldbank.org/en/topic/disability>

International Classification of Functioning, Disability and Health

<http://www.who.int/classifications/icf/en/>

Disabled People's International

<http://www.dpi.org/index.html>

Additional information is attached in the work material "How to find DPOs" (see working material 4.7)

Step 2 Identifying services and local government institutions

After reviewing the situation on the macro level, a closer look at the **meso level** provides information on more specific challenges for concrete project implementation in terms of service delivery and potential barriers in the field of work.

Guiding questions



Do local government institutions have specific mandates with regard to the inclusion of persons with disabilities?

- Are persons with disabilities participating in the local decision-making process?

Are there any cooperation networks between key stakeholders (especially DPOs) and national institutions (governmental as well as NGOs)?

- What capacities do DPOs have?
- What kinds of barriers constrain the strengthening of the capacities of the DPOs?

Which formal and informal institutions/organisations counteract or support disability inclusion?

Is the service structure (e.g. health, education, labour market and transport) accessible to persons with disabilities?

- Are there enough capacities (existence/appropriate number of facilities, adequate for the needs of persons with disability, etc.)
- Are there special services for persons with disabilities?
- If yes, are these services accessible for all persons with disabilities?
- If yes, is their staff properly trained to provide these services?
- Are there differences between urban and rural areas?
- If yes, how do these differences affect disability inclusion?

Step 3**Going into the field and collecting preliminary information**

Following on from the analysis of the situation at the meso level, the results of step 1 and 2 are used for field trips to relevant service providers that play a crucial role for further project activities. It is recommended to conduct these field trips with a resource person (e.g. DPO representatives). In addition, (management) staff of the service facilities should be consulted and asked for further information about DPOs that are active in the project region and act as key stakeholders. The following questions offer preliminary orientation for identifying specific barriers.

Guiding questions***What kinds of services are provided for persons with disabilities?***

- How accessible are these services?
- Where are barriers hindering persons with disabilities from using these services?
- Are there any training activities for institution staff addressing disability inclusion?
- Is information accessible to persons with hearing and visual impairments?

Is there any support from official institutions or NGOs?***Is there any need for further support?******Are persons with disability included in design of the services?***

- If yes, are women with disabilities included in this process?
- Do you have any staff with disabilities?

Are the services appropriate for children with disability?***Are there any good practices for inclusive service provision?***

Finally, draft an overview analysis report with all your findings to obtain the collected information.

Tool 4: Analysing local knowledge and attitudes towards disability and barriers

Useable at the macro/meso or micro level

Module 1: Language and labelling

Module 2: Analysing the daily lives of persons with and without disabilities

Module 3: Identifying the barriers for decreased participation of persons with disabilities



When it comes to implementing concrete project activities in the field, sensitivity to sociocultural attitudes and beliefs about disability is essential for successful project activities. To analyse local knowledge, sociocultural attitudes and beliefs concerning disability as well as the roles that persons with disabilities play in their communities are essential for a comprehensive situation analysis. Furthermore, the tool allows for the identification of barriers that persons with disabilities face on the local level that it might be crucial to consider in future project planning. **In addition, it can be used for awareness-raising at the community level.**



Project planners and practitioners, development workers and partners



4–5 h



15–20 participants

Persons with disabilities, DPO representatives, local and traditional authorities, traditional healers, local community members



Flipcharts, flash cards, pinboards, markers



Read the chapter in the toolkit on “Disability and culture” (see 1.5) first. Contact local DPO representatives and local ministries to assist you in identifying appropriate participants for a workshop.

Module 1: Language and labelling

Instructions

This activity will help you to assess attitudes and perceptions of disability and persons with disabilities, and to raise awareness for discriminating language.

Step 1 Brainstorming

Allow the group as a whole to brainstorm on all the words they know for children and adults facing disabilities. Write each word on a flash card and pin them on the board.

Step 2 Group work – “explanation & expectation”

Split the participants into 3 groups and give each group a task to be documented on a flip chart:

- Get the first group to note down all those words that entail any form of explanation (e.g. religious, spiritual, medical) of disabilities.
- Get the second group to note down all the words that are gender specific or deal with aspects of age or only used for certain groups within society.
- Get the third group to note down all the words that refer to social status/tasks or expectations of persons with disabilities.

Note: there are no right or wrong answers here and words can be included in more than one category.

Step 3 Discuss the findings

Let each group present their findings and discuss it with the whole group.

Step 4 Form groups and distribute flash cards

For this step, you will need four groups. After forming the groups, the facilitator takes all flash cards off the pinboard and distributes them randomly among the four groups.

Step 5 Meaning and understanding of terms

Instruct each group to discuss for each word whether it would make them feel happy, neutral or unhappy to be called such a name.

- Happy: gives you a positive feeling of self-respect and dignity.
- Neutral: gives you no particular feeling at all, neither friendly or unfriendly.
- Unhappy: gives you a negative feeling of being ridiculed, rejected, disrespected or ashamed.

Step 6 Discuss the terms

Ask each group to sort the words on a pinboard and if there is any flash card whose position they do not agree with, they can come and move it, explaining why.

Step 7 Address negative terms

When a certain consensus has been reached, discuss what should be done with the negative words. For example, they could be thrown in the bin, or torn up by participants.

Module 2: Analysing the daily lives of persons with and without disabilities

The objective is to analyse similarities and differences in the daily lives of persons with and without disabilities in different age groups and to identify underlying barriers that prevent persons with disabilities from participating equally in the community.

Step 1 Form working groups

Tell participants to divide into groups. Each group must then draw a chart of the daily life of a person of a particular age. Let participants choose the groups they prefer, but encourage groups of 4-6 people.

For example:

Group A: a child aged 4; **group B:** a child aged 10; **group C,** a young adult aged 22; **group D,** an older person aged 50. The group should use a real person from their community as an example (a relative, friend, etc.) representing male and female. At least one member of the group should know the person.

Step 2 Think about daily activities

Based on their knowledge of this age group, instruct each group to think about all the different activities their chosen person might do – from getting up in the morning, to going to bed at night. Give each group a flip chart paper and pens, and ask them to use the drawing in working material 4.9.

Step 3 Activities and barriers

In the same groups, using the same daily life chart, ask participants to think of a person with disabilities they know of a similar age to the person in the daily life chart. Stick his/her drawing or photo in the centre of the circle.

Compare this disabled person's daily life with the existing chart. Draw lines of different colours or styles connecting the person to each existing activity:

- For activities the person does regularly, a bold solid line
- For activities the person rarely participates in, does not participate in fully, or needs help with, a dotted line

- For activities the person does not or cannot do at all, no line (see working material 4.8).

Add pictures/descriptions of any additional activities that this person does.

Step 4 Visualise findings and discuss them

Return to the whole group and ask one member of each group to present their chart. After the presentation discuss:

- How does each person's life compare to others of their age?
- Is their life varied and sociable?
- Does it help the person develop new skills, play a role in the family, develop self-esteem?

Module 3: Identifying the barriers for decreased participation of persons with disabilities in the community

This activity is crucial to identify the barriers preventing persons with disabilities participating in daily activities. Make sure that the participants do not settle with superficial explanations for a lack of participation like "he/she can't walk, is unable" etc. Draw participants' attention to the individual's circumstances, such as their family or community.

Step 1 Identify barriers

In the same groups as before, ask participants to look at the daily life chart of their person with an impairment. Start with one activity, which she/he needs help with, or does not do at all. Discuss why. What factors or circumstances prevent the person from doing so?

Step 2 Visualise barriers

Write each suggestion on a separate small piece of paper and stick it on the line between the person and activity (use working material 4.9). There may be several factors preventing this one activity.

Step 3 Identify all obstacles

Continue in this way for each activity, which the person does not fully participate in, until many obstacles have been identified.

Step 4 Present the findings

Return to the whole group. One member of each group presents their findings to the rest.

Step 5 Discuss underlying reasons

Encourage participants to ask questions to each other, and to challenge the obvious assumptions – to identify the *underlying* reasons behind the *apparent* reasons.

Tool 5: Identifying stakeholders and strengthening cooperation & networks

Useable at the macro/meso or micro level

Module 1: Jointly elaborated stakeholder map

Module 2: Establish, strengthen and elaborate cooperation and networks

Module 3: Internal reflection on the stakeholder analysis



This tool is divided into three modules, which are to be used consecutively. The first module is used to jointly elaborate a stakeholder map with the aim of including persons with disabilities. The second module will identify how relationships can be established, strengthened and deepened for a strong future cooperation and networks for the inclusion of persons with disabilities. The third module will be only used by the primary organisation that initiated the use of this tool in the first place. The organisation will reflect internally on the elaborated stakeholder map and discuss the next steps. In a best-case scenario, an activity plan for better inclusion of persons with disabilities due to a strong cooperation and networks with relevant stakeholders can be established. This tool can be applied to any sector focusing on the inclusion of persons with disabilities.



15-20 (Modules 1-2); 4-6 (Module 3)



Module 1: 2.5-3h
Module 2: 2h
Module 3: 2.5-3h



Modules 1-2: Planners and practitioners of the German Development Cooperation, partners, ministries, DPOs, NGOs – ideally working in different areas.
Module 3: Organisation that initiated use of the tool



Pinboards, flip charts, projector, blank and coloured flash cards, markers



Conduct modules 1 and 2 on the same day, as participants are the same. Prepare blank stakeholder map (see working materials 4.9), box of lines to indicate relationships (see working materials 4.10), cooperation and network table (see working materials 4.11), box of the internal reflection of stakeholders (working material 4.12). Additionally prepare handouts with instructions for participants and be aware of different needs of participants with disabilities.

Before you start planning the stakeholder analysis, you will need to identify relevant stakeholders for your project. Relevant stakeholders, who are or could be relevant for the inclusion of persons with disabilities, need to be researched and identified:

- Persons with disabilities and their representative organisations (DPOs, federations for persons with disabilities, disability-specific services providers such as community-based rehabilitation programmes, etc.)
- Service providers promoting the inclusion of persons with disabilities (public/private)
- Ministries (ministry of health, education, youth, gender equality, social services/affairs, labour, sports, veterans, etc.) and other relevant decision-makers
- Development organisations working on the issue (international and national)
- Donors funding- current or past projects (potential donors)
- Universities, research institutes, special schools, vocational educational training centres



Handicap International is advising as part of a stakeholder analysis to review the country's disability movement in order to understand the characteristics and capacities of DPOs within the context your organisation is working in.

The following guiding questions will help you to identify relevant organisations you might partner with and which may need support:⁶⁴

- Is there a national federation of DPOs? How is it organised?
- Are DPOs well equipped to make changes?
- Do the DPOs work collaboratively?
- Are the DPOs representative of all persons with disabilities?
- Is there an association representing women with disabilities?
- Have DPOs worked with other NGOs and/or with international NGOs?
- Do DPOs work within networks or coalitions?
- Which ministries deal with persons with disabilities?
- Is there a disability council or a similar authority?
- Are there relevant NGOs who have experience with the work of persons with disabilities?
- Are there disability units at universities, schools, and vocational educational training centres?

Module 1: Jointly elaborated stakeholder map

The main objective of the jointly elaborated stakeholder map is to identify and visualise relevant stakeholder and their relationships with each other. It analyses which relationships are close, if there are cooperations and/or networks, weak or lacking relationships. This module delivers a preliminary stakeholder map regarding the inclusion of persons with disabilities.

Instructions

Step 1 Work session

Participants are grouped according to their institutional background.

Groups discuss and identify their location in the stakeholder map.

- Is your organisation a **key stakeholder** with regard to the inclusion of persons with disabilities?

Actors who are able to use their skills, knowledge or position of power to significantly influence the inclusion of persons with disabilities are termed **key stakeholders**. Key stakeholders are those actors without whose support and participation the targeted results of the full inclusion of persons with disabilities normally cannot be achieved.

- Is your organisation a **primary stakeholder** with regard to the inclusion of persons with disabilities?

The term **primary stakeholders** is usually applied to those actors who are directly affected by the inclusion of persons with disabilities, either as designated beneficiaries, or because they stand to gain – or lose – power and privilege, or because they are negatively affected.

- Is your organisation a **secondary stakeholder** with regard to the inclusion of persons with disabilities?

Secondary stakeholders are actors whose involvement in the inclusion of persons with disabilities is only indirect or temporary, as for instance with intermediary service organisations.

Step 2 Present findings and discuss positioning

One group member presents the findings and pins them on the stakeholder map while explaining their choices (see working material 4.9).

Discuss the positioning of stakeholders. Leading question:

- Does everyone agree with the positioning of the different stakeholders? (adjustments can be made if needed).

Step 3 Work session and presentation

Groups are asked to describe existing relationships and the strength of those with regard to the inclusion of persons with disabilities.

One group member presents the findings and draws the discussed relationships between the stakeholders on the stakeholder map by using the following kinds of lines (see working material 4.10):

Solid line: Close relationship (information exchange, contact frequency, overlap of interests)

Double line: Alliances and cooperation (contractually or institutionally)

Dotted line: Weak or informal relationships

No line: Missing relationships, could have potential



For better visualisation, draw different lines with different colours!

Step 4 Discussion

A discussion about the different relationships follows and is moderated by the facilitator. Leading question:

- Does everyone agree with the visualised relationships?
(Adjustments can be made if needed)

Module 2: Establish, strengthen and elaborate cooperation and networks

The main objective of module 2 is for the present stakeholders to know about each other and be aware of their relationship with other stakeholders, their capacities, resources and expertise. With the previous elaborated stakeholder map, stakeholders are able to identify other stakeholders with whom cooperation might be useful and manageable. It is an initial networking process and should be followed up.



It is recommended to prepare the *Cooperation & Network* (see working material 4.11) table on a flip chart beforehand. The previously developed stakeholder map should be visible to all participants.

Step 1 Work session

Participant groups as in the previous work session. Groups discuss the following questions and write their answers on different coloured flash cards:

- What resources, expertise, capacities, experience does your organisation/institution offer with regard to the inclusion of persons with disabilities? (Write answers on green flash cards.)

- With whom should you intensify cooperation or start to cooperate in order to strengthen the inclusion of persons with disabilities? (Write answers on yellow flash cards.)
- What practical and short-term steps can be undertaken to achieve cooperation for a stronger and sustainable inclusion of persons with disabilities? (Write answers on blue flash cards.)

Step 2 Present findings and wrap up

One member of each group presents two flash cards per question/colour (six in total). The results will be collected for each institution individually on the Cooperation & Network table (see working material 4.11). It is advisable to leave some time for discussions or questions if needed.

The facilitator summarises the findings and wraps up the activity.

Module 3: Internal reflection on the stakeholder analysis



This module is based on modules 1 and 2 and should be used by the organisation who initiated use of the tool in first place.

Following on from the previous two modules, this module is used to reflect on your findings within your organisation only. As the first contact and meeting with stakeholders has now taken place, this module will categorise and analyse the usability of the findings. The participants are asked to reflect on: the role of stakeholders, the current relationships with stakeholders, to estimate the level of expertise of the stakeholders and how the stakeholder's willingness and capacity to influence the inclusion of persons with disabilities is. Module 3 is basically used to brainstorm about how to use the previous findings in the future.



It is recommended to accumulate all relevant documents from the previous modules and make these available to participants.

Step 1 Recap of previous findings

Show participants the documented findings, give them a few minutes to familiarise themselves with them, then brainstorm how the previous two modules with all the stakeholders went.

Step 2 Work session

Use a projector to display the table: internal reflection on stakeholders (see working material 4.12). Discuss the table, stakeholder by stakeholder, and fill in your findings. Try to find a consensus or majority if discussions arise.

- Stakeholder: name and place
- Role: which field/area do they operate in?
- Relationship/partnership: describe the current relationship/partnership between your organisation and the stakeholders with regard to the inclusion of persons with disabilities and classify: weak, average, advanced or strong.
- Expertise: describe the level of expertise of stakeholders with regard to the inclusion of persons with disabilities and classify: low, medium or high.
- Describe the willingness and capacity of stakeholders to influence important changes for the inclusion of persons with disabilities and classify: low, medium or high.

Step 3 **Ranking**

Once all stakeholders have been analysed internally, undertake a quick ranking with the stakeholders and identify which seem to be most important for your organisation.

Step 4 **Discussion**

Continue brainstorming on how to establish a stronger cooperation and network among these, take ideas from the findings of module 2 into account. Have one participant display/document the ideas of the brainstorming and discuss concrete next steps:

- Prepare an activity plan with milestones and due dates.
- Assign a person to take ownership for the next steps.
- Take minutes of the discussion, tasks and appointed persons.

Further reading

Handicap International (2009): [Making it Work toolkits](#)

GIZ (2010): Capacity WORKS. (Internal publication, for further information please contact Change-Management@giz.de)

Checklist for inclusive project planning



The following checklist by the UN helps to make sure that all-important steps for disability inclusion are considered during the process of “analysing barriers”.⁶⁵ After making sure that all needed aspects of planning are kept in mind the process of “removing barriers” can be addressed.

- ✓ Are there **disability-relevant projects or activities** in the plan/programme? Was this reflected in the terms of agreement (TOR) at the project identification phase?
- ✓ Has it been studied and specified to what degree the proposed project(s) and its problem dimensions are disability-relevant? Has the disability relevance been reflected in project organisation?
- ✓ Have all relevant **stakeholders** whose cooperation is needed for the inclusion of disability concerns been **identified**? Have they been involved?
- ✓ Are the objectives in line with the spirit of the international conventions, commitments and programmes?
- ✓ Is the project, all its activities and outputs (results) such that persons with disabilities are able to participate in and benefit from the project on equal terms with others?
- ✓ Has the sensitivity of the disability dimension (or component) to changes in **external conditions, or possible negative developments** within the project, been taken into account?
- ✓ Is the **involvement of disabled persons** in the project organisation and activities **adequate** in light of the disability relevance of the activities? Has this been reflected in the cost and resource estimates and in the timetable?
- ✓ Will the activity result in **sustainable improvements** from the standpoint of persons with disabilities?



Photo 3: Good practice – Indonesia
Social Protection Programme

Source: GIZ Indonesia

Background

“Towards Inclusive Employment in Indonesia”

While the Indonesian Government has introduced a 1% quota for the employment of persons with disabilities in companies with more than 100 employees in 1997, compliance to and the enforcement of this law remains highly unsatisfactory. As a result, negative attitudes among employers and co-workers continue to prevail along with physical barriers in the work environment. Therefore, the GIZ-supported Social Protection Programme in Indonesia conducted research within eight companies, which employ a significant number of persons with disabilities (at least 1% of the total employees) and developed a tailored assistance programme to support the vocational education and training (VET) and labour market access for persons with disabilities.

Key findings

- In terms of **recruitment**, it was found that almost all companies participating in the research recruited persons with disabilities for practical reasons and were not aware of the regulations. Over time, however, companies observed that employees with disabilities showed the same and in many cases even higher productivity as those without disabilities. This has encouraged them to increasingly hiring persons with disabilities.

- Concerning the **positions** assigned to persons with disabilities, there was a wide range of operational employment opportunities in the investigated companies, while persons with disabilities were clearly underrepresented in management positions.
- Companies reported reluctance concerning **workplace adjustments**. Not all were able to afford providing special facilities for employees with disabilities and in some cases the recruitment was cancelled, due to the unavailability of special facilities that would provide accessibility for these employees in the workplace.
- Companies indicated that there is **insufficient information** about where and how to recruit persons with disabilities, especially in terms of those who possessed the skills required by the companies.
- Companies generally expressed **dissatisfaction with the quality of VET** in Indonesia as it related to both specific training for persons with disabilities, as well as to the standard curriculum. This has led to very limited numbers of persons with disabilities that are ready for the formal labour force.

Lessons learnt

The findings have led the Indonesian Government to request further support toward suitable VET for persons with disabilities. A tailored technical assistance programme with focus on the labour-market access was designed with support of GIZ to improve the training for persons with disabilities. Some emerging lessons of the on-going capacity building:

- A **constant exchange with private sector stakeholders/employers** is crucial for ensuring the labour-market relevance of training. Curricula should be developed with and accepted by the industry.
- **Keeping up skills** upon the completion of training is therefore the second core element of sustainable labour-market preparation. Hence, managerial skills, sales talent and language competency are crucial in a quickly changing economic context.
- In order to **facilitate access to mainstream training** experiences from special institution for persons with disabilities are to be adopted throughout the Indonesian VET system.
- Though **integration subsidies** can be a vital instrument for facilitating employment of persons with disabilities on the formal labour market, they remain underexploited.

Contact:

Frank Schneider, Team Leader Inclusion of Persons with Disabilities:
frank.schneider@giz.de

3.2 Overview: Removing barriers

The implementation phase is the centrepiece of every programme. This phase focuses on achieving the objectives of the project plan developed as efficiently and effectively as possible. The findings of your analysis and planning phase will be put into concrete actions, carrying out activities.

Tools in this section

- **Tool 6:** Awareness-raising
- **Tool 7:** Guiding principles for accessible workshops and meetings
- **Tool 8:** Building a multi-stakeholder network
- **Tool 9:** Designing an action plan for existing projects

As a project plan is always based on limited knowledge about the future, circumstances can change and adjustments must follow. Therefore, the implementation phase has to be solidly anchored with the monitoring phase (see Chapter 4).


This chapter is above all designed to remove barriers for persons with disabilities, which have ideally been identified by using the tools in the previous chapter. The following tools will nurture your project during its implementing phase, as they are proposed to create a mutual awareness of disability issues, organising inclusive events and establishing multi-stakeholder networks in order to systematically remove existing barriers on all levels.


Case studies from Namibia

Case studies and good practices (as already seen in previous chapters) will additionally emphasise the practicality of the tools. This is particularly important, as there has been a wide gap between planning and implementation in the past. Often planners and practitioners are aware of major barriers, but there is a general lack of practical knowledge in removing these barriers.


Therefore, it is the aim of this chapter to provide specific case studies in the education and transport sector. The GDC chose these two sectors, based on a study conducted by a SLE research team and commissioned by the GIZ in Namibia. The tools displayed are supported with practical experiences of the education and transport sector in Namibia to underline challenges during the implementation phase. The selected case studies will reveal through which tools barriers on its different levels can be removed and yet what kind of limitations were identified by doing so. As a result, distinct recommendations were elaborated for this toolkit to fulfil the claim of practicality and, most importantly, traceability.

Objectives of the “removing barriers” section

 The intention of including persons with disabilities and having barriers analysed is a first step to remove barriers. Now it is important to actually remove barriers among your staff, partners, target group and facilities to ensure full accessibility to persons with disabilities. The following tools will help you do so.

 To ensure a disability perspective, a resource person needs to already be included in the planning phase of your activities. As she or he sees everything out of a disability perspective, he or

she can advise you what needs to be taken care of during your activity, booking the facility, etc.

 Furthermore, make sure all planned activities during implementation include persons with disabilities as participants and especially a resource person as well. A resource person is tremendously helpful in the implementing phase as he/she can support you throughout the activity and answer questions with his/her disability perspective and country context to participants.

What if a disability dimension has been omitted in the previous phase?

First off, persons with disabilities are part of the population and every target group. Not including them would exclude a large number of persons from your project and call its sustainability into question.

Many ongoing GIZ programmes do not include a disability dimension yet. The toolkit aims to be used at any point in your project. One of its objectives is to support and guide planners and practitioners to help them include a disability perspective in running development interventions where it has not been considered yet. Thus, in case the planning phase has been completed, the implementation phase started and the project has not yet taken persons with disabilities into consideration, it can be

still done. Here, tool 9 “Designing an action plan for projects in the implementation phase” is specifically helpful, as it is designed to include a disability dimension at a later date and will guide you through a project process until it can be included in the RBM. The action plan will help you to plan relevant activities for promoting the inclusion of persons with disabilities. Tools for relevant activities can be found in this and the previous chapter.

However, there are limitations to consider. If the project has already progressed towards the end, it will not be easy to implement a disability dimension. However, it can be still done while completing the (mid-) evaluation, which is recommended in this case (see Part 3).

Why is it important to consider disability in this phase?

As the implementation phase of a project can be seen as the main part of it over an extended time, it is crucial to include persons with disabilities. In this phase, persons with disabilities as beneficiaries and/or target group will be directly affected by your activities. Excluding persons with disabilities can affect them detrimentally.

Based on the elaborated RBM (Part III), the needs of persons with disabilities can be adjusted as required during mid-term reviews to achieve the projects objectives.

Additionally, the disability dimension can be implemented using the multi-level approach, as indicated in the following tools, and reach out to everyone. Hence, adjustments to meet the needs of the beneficiaries can be made on all levels and are therefore comprehensive.

Ultimately, it is not only important but also necessary to ensure the inclusion of persons with disabilities within this phase of project implementation and to keep in mind: “do no harm” and therefore include.

Core principles for including persons with disabilities within the implementation phase⁶⁶

Awareness



To create awareness on disability issues among planners and practitioners within development cooperation, is a crucial step when removing barriers:

- To ensure a comprehensive awareness on removing barriers to successfully include persons with disabilities of staff within the project, its partners and beneficiaries.
- To treat awareness raising as an ongoing process, which has to be continuously followed up, repeated and adjusted to the existing knowledge.
- To have disability-sensitive indicators, ensuring mainstreaming and specific target initiatives
- To ensure an intersectional approach to the project

Participation



Inclusion cannot happen without including persons with disabilities themselves, as outlined in UNCRPD (Art. 3). The participation of persons with disabilities is therefore fundamental.

- To ensure full participation of persons with disabilities as staff, partners and/or beneficiaries and throughout the whole implementation phase.
- To include persons with disabilities within the project steering committee.
- To include the perspective and create cooperation/networks with local and national DPOs and gather advice for any activities within implementation. It is highly recommended to consult a resource person of a local DPO to support implementation of the tools and to give further input.
- To use the implementation phase to empower persons with disabilities.

Non-discrimination



Non-discrimination means to include persons with disabilities on all levels of life, while removing barriers and not creating new ones. Therefore, discrimination has to be eliminated to guarantee accessibility on all levels.

- Are physical barriers considered throughout the implementation phase?
- Is the universal design (see Chapter 1) considered at events, workshops, activities, meetings, etc.
- Are communication barriers considered throughout the implementation phase?
- Is the website and information material accessible in audio, Braille, big letter and simple language?
- Is there the option of sign interpreters and assistance for individual needs?
- Are attitudinal barriers addressed and tackled within the awareness raising?
- Have institutional barriers been adjusted, based on the situation analysis?
- Are partner aware of physical and communicational accessibility, such as attitudinal and institutional barriers?

- If they exist, can physical barriers and communication barriers be overcome during the implementation process?
- If they exist, are decision-makers supportive of the removal of physical and communication barriers?

How to consider the twin-track approach

Having completed the planning phase of your project gives you a good idea of where to appropriately mainstream disability and which components need targeted initiatives.

- Ensure mainstreaming of the disability dimension, but also implement disability-specific initiatives throughout the whole implementation phase. If not yet considered in the project plan, it is necessary to consider the twin-track approach within the activity plan and to include it in the RBM at the next opportunity.
- Ensure that data on persons with disabilities is collected and disaggregated within all sections of the project.
- Ensure the inclusion of persons with disabilities on all development opportunities within your project

Tool 6: Awareness raising units on different levels

Useable at the macro, meso and micro levels

Module 1: Concepts of impairments, disability and barriers

Module 2: Models of disability and the human rights-based approach

Module 3: The international and national framework for disability inclusion

Module 4: The “game of life”



This tool is designed to raise participants' awareness for disability and the inclusion of persons with disabilities. Participants will learn about the distinction between impairment and disability. Understanding the difference between the medical and social models of disability is crucial, as this will affect how the participants will view and advocate disability inclusion in development processes. Learning about the human rights-based approach and the UNCRPD will sensitise the participants to the rights of persons with disabilities in general and will enable them to reflect on the extent to which the rights of persons with disabilities are included in national policies and legislation.



GIZ programme staff and national experts



3–4 h



GIZ staff, partners, stakeholders, beneficiaries



Relevant documents (laws, policies, etc.), flash cards, flip charts, pens, tokens, handouts



The input for this module is based on the content of Part I of this toolkit. It is advisable to prepare and facilitate the tool in cooperation with a local expert on the situation of persons with disabilities in the respective country in order to adapt the tool in a country-specific manner.

Instructions

Module 1 will open with a brief input from the facilitator/s on the key concepts of the workshop and is then followed by a brainstorming session among the participants. It will conclude with a group activity analysing a story.

Module 2 will start with input from the facilitator, followed by a group discussion. Group work is optional to allow the participants to work on the models in more detail. The module will conclude with a closing presentation by the facilitator.

For **Module 3**, expert input on the international and national framework for the rights of persons with disabilities will be prepared and presented. A question and answer round with the participants will follow.

Module 4 called the “Game of Life” is a group activity to raise participants’ awareness for the intersection of multiple forms of discrimination based on gender, disability, socioeconomic status, ethnicity, religion and other social categories that might be relevant in the respective society.

Module 5 a, b and c is specifically applicable for participants working in the field of education. A short theoretical input of the facilitator will be followed by a guided interactive group session for each of the concepts segregation, integration and inclusion. To close the module, participants are encouraged to discuss which concept is dominant in their context. This module can be found in the working materials 4.13.

Module 1: Concepts of impairments, disability and barriers

Instructions

Step 1 Brainstorming on various forms of impairment

After an introduction round involving all the participants, start with a brief definition of what impairment is. Ask the participants to brainstorm what different types of impairment they know. Ideally, a list such as the following would emerge, containing some examples (otherwise, the list will be completed by the facilitator):

- Physical impairments
- Sensory impairments
- Mental impairments
- Learning/development impairments
- Chronic illnesses
- Multiple impairments

Furthermore, it might be useful to discuss the prevalence in the country you are working in.

Step 2 Introduce concepts of various barriers

Give a short definition of the three types of barriers and ask the participants for sociocultural-specific examples in their area of work. Encourage a discussion on whether certain persons with impairments (representing different ethnic, socioeconomic or gender groups) face different barriers in certain aspects of their life.

Step 3 Give a practical example

To illustrate the interaction of impairments and barriers that create disability, the facilitator can read out the following story and discuss with the participants what different barriers they identify.

Note to the facilitator: have the key elements of the story on display for all participants to read on flipcharts or in a PowerPoint presentation to refer back to when discussing the barriers.

Example: Lina, 34 from Namibia (see box 5" Interaction of different barriers – the case of Lina")

Alternatively, the facilitator can try to find a story that is more suited to the participants' regional/local context or use pictures/drawings/photographs that illustrate a situation where an impaired person is facing one or more types of barriers. For participants with visual impairments, all visual materials used should be described sufficiently for them to be included in the activity.

(See the chapter 1.2 featuring the definitions of impairment, barriers and disability)

Module 2: Models of disability and the human rights-based approach

Instructions

Use the information in chapter 1.1 to introduce the medical and social models of disability. Depending on your training audience (e.g. vocational trainer, ministry staff, GIZ staff) you might want to focus on the basics of the models or go into more detail. In any case, a PowerPoint presentation or another form of presentation is advisable to introduce the models. Indicate to the participants that they will be given handouts later on so that they concentrate fully on the presentation.

After the presentation, the facilitator/expert should encourage a discussion on which model currently prevails in the working context/sector/society relevant to the participants.

Should you want to go more into detail with the models, the following group work can be added.

A set of 20 flash cards with each flash card containing one of the following words/claims needs to be prepared:

(1) Special schools, special services for persons with disabilities; (2) Care and cure; can't walk, can't see, can't hear; (3) Sheltered employment; (4) Specialists such as doctors and therapists know best about the needs of persons with disabilities; (5) The person with

disabilities is mostly seen as a patient; (6) Disability is a problem inherent to the person; (7) Persons with disabilities should be segregated from the mainstream; (8) ...

The list is not exhaustive and some words can be replaced with more context-specific terms that are relevant to the participants' field of work. A local expert can best advise on this.

Step 1 Form working groups and distributing flash cards

Divide the participants into four groups and distribute a set of five flash cards to each group. Ask each group to put the flash cards under the heading medical or social model, as they see fit. To help the groups, you can give some guiding questions to structure their discussion:

- Who is the problem – the individual (→medical model) or the society (→social model)?

How are persons with disabilities seen – as passive/helpless (→medical model) or active/self-determined (→social model)?

Step 2 Presentation of the findings

Each group should try to explain why they have placed flash cards under a particular heading. Let the whole group give feedback to each group. Encourage participants to question whether they think that the words are under the most appropriate headings.

Step 3 Present the human rights-based approach

To conclude Module 2, prepare brief input and a presentation on the human rights-based approach, based on the content of chapter 1.1 by detailing how the human rights-based approach builds on and complements the social model.

Module 3: The international and national policy framework for inclusion

Instructions

Explain to the participants that the principles of the social model and the human rights-based approach are the basis for the UNCRPD. The convention was adopted in 2006 and entered into force in 2008. To date, more than 160 state parties have ratified the convention and mention whether the country you are working in is one of them.

Step 1 Present the UNCRPD

Provide a short presentation on the UNCRPD, including Art. 1, Art. 32 and the articles that address the sector/areas of society that are most relevant to your audience. Mention if and how the convention is monitored in the country.

Step 2 Present national policy framework

If available in your partner country, give a presentation on the most relevant national laws, policies or strategies addressing the rights of persons with disabilities and in how far they reflect the principles of the UNCRPD.

Step 3 Expert input

Invite a local expert to give input on implementation of the UNCRPD in their country, on the challenges and milestones and depending on the national policy situation as well.

Guiding questions

The following questions can be used for the discussion:

- How well are the principles and provisions of the UNCRPD reflected in the national legislation?
- Which actors are responsible for monitoring implementation of the UNCRPD in the country and how is the state's compliance?
- Does the national legislation explicitly name the concept of inclusion and how is it defined?
- Is there a gap between the policy and implementation levels?
- Which ministries and national agencies are responsible for persons with disabilities and in how far do national actors follow the medical or social model of disability?

Further reading

Handbook on the human rights of persons with disabilities by **Handicap International** (2010): Understanding the rights of persons with disabilities.

http://www.hiproweb.org/uploads/tx_hidrtdocs/HICRPDToolkit2010.pdf

Module 4: The “game of life”

Instructions

Step 1 Find players and select categories

The facilitator asks five (or more) members of the group to volunteer to play the game of life. The facilitator has selected at least three categories (disability, gender, class), preferably more (e.g. religion, ethnicity, language, etc.) that are of relevance in the respective society.

Category 1: Gender

Five flash cards: suggestion: 2x male, 3x female

Note: If you think it is worth addressing and of importance in the participants’ society, you can include a flash card for transgender, homosexual (m/f) or bisexual (m/f).

Category 2: Disability

Five flash cards: suggestion: 2x no impairment, 1x physical, 1x deaf, 1x multiple impairment

Optional: you should include one type of impairment that is strongly discriminated against in the respective society, (e.g. mental impairment).

Category 3: Class/socioeconomic status

Five flash cards: 1x rich, 1x middle class, 2x poor

Note: You should roughly represent the socioeconomic situation in the respective society.

Optional categories, if relevant: religion, ethnicity, language, etc.

For each category, the facilitator has prepared 5 flash cards.

Step 2 Lottery of life

Each participant draws a flash card (plays the lottery of life) for the three or more categories with a sample outcome like the following table. Note down the characteristics of each player on a flipchart and let them choose an alias (a name for their character).

Table 2: The “lottery of life”

	Part. 1	Part. 2	Part. 3	Part. 4	Part. 5
Gender	male	female	female	male/ homosexual	female
Disability	no	physical	no	blind	multiple
Class	middle class	poor	rich	poor	middle class
(Religion)					
(Ethnicity)					
(Language) ...					

Step 3 The game of life starts

The facilitator will read out the following statements. The players will be asked to confirm or reject each statement with yes or no, explaining their answer with what the lottery of life gave them.

The facilitator will let the audience briefly discuss the players’ statements and allow them to revise them if necessary.

The following statements can be used:

- I will go to school and receive a good education.
- I will find a partner and have a family.
- If I fall ill, I will be able to afford medical treatment.
- ...
- I will find a job I like and earn a good salary.
- I will be a well-respected member in my community.
- If necessary, I can live independently without any support from my family.

The list is not exhaustive and can be extended with more context-specific statements.

Step 4 Distribute tokens

For each “yes”, the players receive a token, e.g. coin, marble or similar. “No” answers remain unrewarded.

Step 5 Reflection

After all questions have been answered, each player counts his/her tokens; the player with the most tokens is announced as the winner. The other players also state how many tokens they have gained. The whole group should reflect on the “individual features” that each player was assigned to and how they affected them in the course of the game.

The facilitator can support the process by asking questions like:

- With which of the characters would you like to switch places, which not and why?
- Why are some players privileged/disadvantaged in what way?
- What were the specific factors/circumstances enabling/disabling persons from participating/succeeding/progressing and developing in society?
- How do categories like gender, disability, class, etc. interact in these processes?

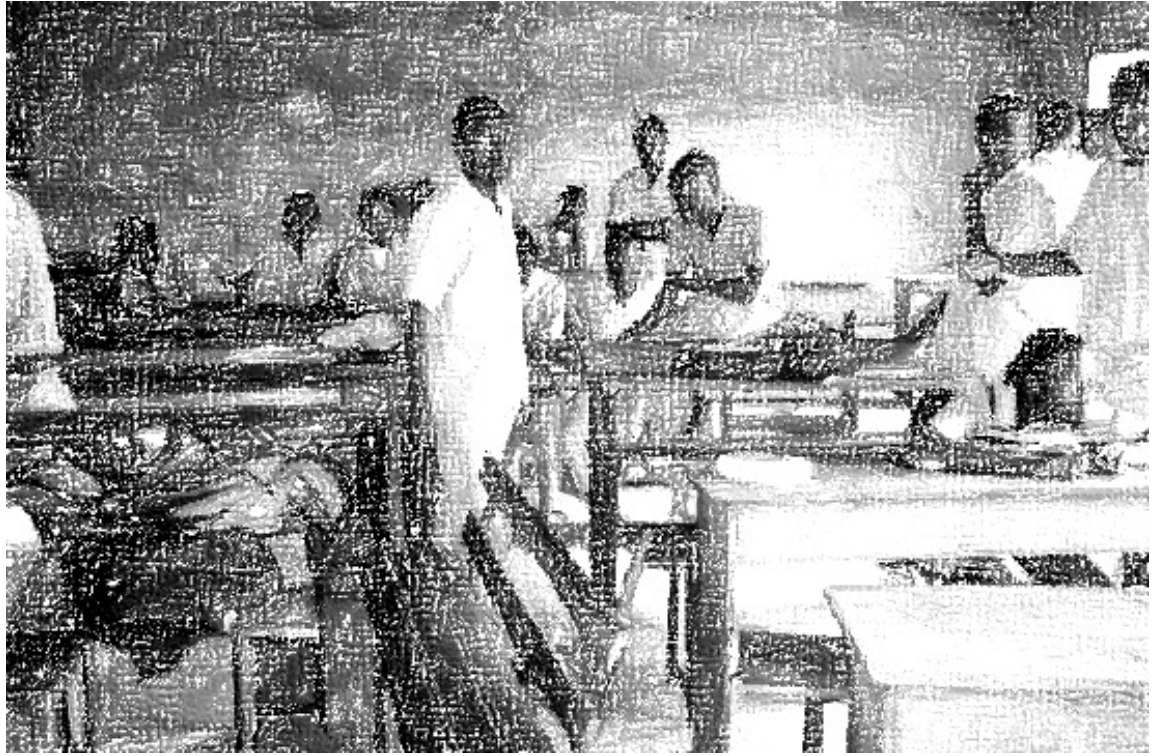


Photo 4: Good practice – Benin
Supporting Decentralisation and Municipal Development Programme

Source: GLZ Benin

Background

“Removing barriers for an increased access to local public services in Benin”

Under the “Supporting Decentralisation and Municipal Development Programme” in Benin, GLZ is cooperating with the Ministry of Decentralisation, Local Governance, Administration and Planning with the objective to increase the capacity of municipalities for self-administration to provide the population with high-quality basic public services, while adhering to the principles of good governance. One important aspect in this process is to raise the awareness of reform actors at all relevant government and administrative levels on the needs of all citizens, including people with disabilities, and strengthen their capacities to respond to those needs effectively. People with disabilities account for 10% of the Beninese population and their access to local public services is considerably limited due to prevailing physical barriers in the service facilities but also because of a general lack of awareness among decision makers.

Approach

With the aim to improve access to public buildings and thereby to basic services for a significant proportion of the Beninese population, key decision makers had to be first

identified and then sensitised for the importance of modifications of public facilities. The **awareness-raising** was followed by **capacity building** on the so-called minimum standards of accessibility that were developed by Handicap International. The trainings were initiated by Handicap International in the municipality of Cotonou. GIZ then decided to expand the project to the other 76 municipalities of Benin so that more than a hundred local decision-makers received the trainings.

- Local council member of the local public procurement committee and the head of the technical services of the Town Hall were identified as **key decision makers** in the process. The trainings themselves were adapted to each group's needs.
- The first part of the regional workshops was about raising **awareness on the UNCRPD** and the **existing obstacles** to access basic services. It included practical eye-opening exercises on the spot of the town hall.
- The second part expanded their knowledge of the **minimum standards of accessibility** like ramps, handrails and signs. The big surprise according to the participants was to realise how little adaptation to building plans it took to increase the access for about 10% of the population drastically. In many municipalities, the **participants committed themselves** to respect those minimal standards for all public buildings in the future and to renovate the existing ones.
- All major actors involved are currently working on **integrating respect for the special needs** of people with disabilities **into the new national guidelines** for establishing local development plans. Once the guidelines are validated and implemented, it will be assured that minimal standards for buildings are observed and that specific action is taken to integrate people with disabilities.

Lessons learned

Money is always a scarce resource on the local level and the battle for the **municipalities' investment spending** is harsh. It is therefore important to follow up on the activities constantly by the advisory to the municipalities. The ensured **participation of people with disabilities** and other marginalised groups is hence crucial and systematically encouraged in all planning and accountability events by the programme. Fortunately, the **Local Administration Training Centre of Benin** also started to get involved in disability mainstreaming. The training modules for council members and employees of the municipalities are currently under revision and will address disability issue and access to services from 2016 on.

Contact:

GIZ Office Cotonou, Benin - Supporting Decentralisation and Municipal Development Programme: karen.ziemek@giz.de

Tool 7: Guidelines on accessible meetings, workshops and events

Useable at the macro/meso or micro level



These guidelines can be used to organise any meeting, workshop and event in an inclusive way. It focuses on any kind of accessibility, whether physical accessibility or accessibility to information. Taking these guidelines on accessibility into account in planning meetings, workshops and events assures the same opportunities and benefits for all participants.



Planners and practitioners of GIZ, NGOs

Step 1 Interaction with persons with disabilities⁶⁷

Before preparing an inclusive workshop, it should be clear how to interact with persons with disabilities and in how far disabilities can differ. Many people, who do not interact with persons with disabilities on a regular basis, are insecure or even afraid how to socialise with them. Taking note of these guidelines may help you to create a respectful and comfortable atmosphere to interact with persons with disabilities in everyday life or professional contexts. Please bear in mind that the guidelines are not exhaustive and that persons with disabilities have individual needs, just like everybody else.

To consider in general

- Always treat a disabled person with respect, courtesy and like an adult.
- Always ask if assistance is needed, do not assume it. Ask how to assist, do not assume you know how.
- Speak directly, normally and clearly to the person.
- Do not stare at anyone, especially not at her/his disabilities.

Note: Consider persons with multiple impairments!

Physically impaired

- Do not leave anyone behind by rushing or walking too fast.
- Do not lean on someone's wheelchair or other assistive devices.
- Ask before giving assistance and ask how to do so.

Hearing impaired

- Attract the person's attention before you speak – say their name or touch their arm.

- Maintain eye contact.
- Do not cover your mouth, do not shout.
- Use gestures, facial and body language (do not exaggerate).

Visually impaired

- Check in advance if the person has an assistant. If not, be sure to provide someone and calculate this into the budget.
- Speak directly to the person, do not shout.
- Always introduce yourself and explain briefly why you are there.
- If you are in a group, explain who else is there.
- Shake the persons hand or gently touch their arm to give orientation where you are – but always speak first! Never touch a person without warning.
- Use the person's name to make clear when you are talking to the person.
- Always ask the person if they need assistance, do not assume it. If assistance is needed, ask how best to assist.
- Describe the environment to the person and give specific directions: on your left, on your right, immediately in front, behind you. Do not say things like: over there, on the window, etc. Make sure the person understands your description.
- Be sure to lead the hand to the back of the chair, table, wall etc. to give the person orientation (never pull the person or push the person to sit down).
- Let the person know if you move away.
- Where possible, move obstacles, not the person.
- If the person has a guide dog, do not distract the dog by petting or the like → The dog is working!
- Describe the food being served and explain its position. Offer a straw for drinks.

Mentally impaired and speech impaired

- See below

Guiding questions ⁶⁸

1. How can people access the venue beforehand?
2. How will people get to the event?
3. How will people be able to participate in the event?
4. How can people access support services and facilities?

The following will help you to answer these questions.

Note: The best way to ensure the needs in terms of learning, communication or information sharing is to include persons with disabilities in the planning process for your event. Contact a local DPO and ask for a resource person.

Step 2 Pre-planning of meetings, workshops or events**Invitations**

- Send out invitation and registration forms in hard copies (Braille, large print, etc.), via email and get confirmation by telephone.
 - Ask if there are any individual accessibility requirements to be aware of and what kind of services you can offer (sign language interpreters, assistance, transport etc.).
- Clearly ask in the invitation if there are any individual needs. This way you can prepare in more detail (dietary needs, rest area, individual assistance, interpreter etc.).
- Offer to reimburse the cost of a taxi or to organise transport according to the person's needs. Plan for this in the budget. Public transport might not be an option.
- Attach a detailed and accessible venue and general information about the topics of the workshop. This will allow people to prepare and to know what to expect. Provide the sign language interpreter with a copy of the presentation or your notes to allow them to get accustomed with unfamiliar words and be well prepared.
- Inform participants whether the parking lot is accessible or not.

Calculate in potential extra costs

These things need to be checked within the invitation:

- Translator and assisting person (local DPO can advise), dietary needs, appropriate transport, handouts in large print, Braille, simple language.

Location⁶⁹

- The premises has to be accessible:
 - Room/conference hall: Is it big enough for wheelchair users to move around? Is it bright enough? Are there enough windows, to air the room (air conditioning/heating?)? Are there curtains/blinds if the sun is very bright?
 - Are chairs and tables arranged in such a way that wheelchair users, persons with other physical or visual impairments can move around easily?
 - Stairs/steps: Many steps are a problem, check if a provisory ramp can be made and follow the guidelines of the International Organization of Standardization (ISO), mark the beginning and ending of the ramp and add a handrail.
 - Lift: Is a lift available if needed? Does it work? Does a wheelchair fit in? Can a person in a wheelchair reach the buttons and move around? Are buttons available in Braille or audio supported? Is there an emergency generator in case of electricity problems?

- Doorways: Are doorways wide enough for wheelchair users? Are they automatic? Easy to use for visually impaired (not too heavy, easy handle etc.)? Can you leave doors widely open (you might need someone here to assist at arrival, during breaks and while leaving)?
- Toilets: Is there an accessible wheelchair-friendly toilet? Enough space to move in the toilet? On the way to enter the toilet: Are there handles to support the person? An emergency button? Does the door open outwards?

Note: If there is a wheelchair-friendly toilet, check if the toilet is functioning and not used as a storage room. Check if the toilet is blocked by anything? Is the key available? If there are no accessible toilets, inform participants beforehand, make sure that a person is available to assist if assistance is needed.

- General: Put a tactile or braille at the entrance to the room; visual and verbal information should be given (consider simple language and large prints).

Step 3 Day of the meeting, event, workshop

The responsible person must arrive approximately 1.5 hours in advance to prepare.

Location/room

- Clear the entrance, hallway, room of potential obstacles, move chairs aside so wheelchair users have enough space and blind/visually impaired will not stumble over anything.
- Check all the technical devices.
- Arrange flip charts, posters, banners, information materials, projector, audio devices, etc.

Arrival of participants

- Have a person assisting participants (for those who need it) at the entrance to guide them to the event or make sure anyone can find it easily by themselves.

Beginning of the meeting, workshop, and event

- Get everyone to introduce themselves to each other.
- Explain each step of the event, including the purpose and objective. Leave time for questions.
- Offer regular breaks and tell participants to feel free to leave the room anytime and take a rest if needed. Make sure they know where the rest area is and where to get refreshments and snacks.

Accessible activities/workshops and information⁷⁰⁷¹

In general, consider that the concept of an interactive workshop and a good level of energy does not necessarily include a lot of movement, noise or speed. On the contrary, it could distract people and make them feel uncomfortable.

Physical impairments

- Focus on what people can do in terms of energisers and activities → energiser with words, gestures or mimics instead of a lot of movement
- Movements might cause pain for participants. Adapt activities if this is the case.
- Give participants the option of resting and organise accordingly (separate room with couch or the like).
- Persons with physical impairments can feel cold easily; check if the temperature is okay for everyone.

Hearing impairments

- Speak clearly but do not shout.
- Do not cover your lips, turn your face away or the like for those you can lip read → do not exaggerate your mimic.
- The person should be aware about the general topic which is discussed, as words can look very similar for lip readers
- Be sure to organise a sign language interpreter and give signers enough time to sign → Bear in mind that every country has its own sign language and dialect, check which sign language is needed. Most deaf persons have their own interpreter, make sure you are covering the cost for the event.
- Look at the deaf person and not at the interpreter while communicating.
- Do not allow anyone to pass between the interpreter and the deaf participant.
- If parts of the presentation are not written down, make sure you have a written copy for hearing impaired persons.
- Videos need to have subtitles.
- If there are communication problems, you can always write things down out.

Visual impairments

- Make sure materials are accessible in Braille, big letters or audio form. Offer electronic versions for those who use special software.
- Read out everything on the presentation (PowerPoint presentation, flip charts, etc.) and describe any of your actions.
- Be sure to use shapes, sounds or textures in activities instead of colours or other visual markers.

- Always ask to assist a visually impaired person, especially if there is movement in the room. Do not leave the person alone (e.g. once the break starts...).

Speech impairments

- Encourage a speech-impaired person to express her/his opinion. Allow as much time as is needed and make the person feel comfortable rather than time pressured.
- Ask beforehand if an interpreter is needed or who would like to use written communication. You can ask a local DPO to recommend a translator.

Mental impairments

- Give the person enough time to express their opinion.
- Make sure information is accessible in simple language.
- Repeat yourself if necessary, but give the person time to think about what you have said.
- If the person still cannot understand you, use different words (sometimes it can help to emphasise relevant words in your presentation, handout).
- Use real-life examples a person can relate to.

Step 4 Evaluation

Have your event evaluated by the participants and get someone to observe the process, also with regard to the workshop's accessibility (accessible evaluation form). This will allow you to learn from difficulties and to easily make improvements next time.



Basic rules for speakers/facilitators⁷²

- Assume an open friendly approach.
- Use simple, short sentences, supported by appropriate gestures and mimic.
- Summarise everything you have said and again allow time for questions.
- Do not speak too quickly, pause regularly and do not shout.
- Face the persons you are talking to → Do not hide your mouth behind a microphone/hands.
- Be aware that some letters or sounds may be harder for hearing-impaired persons to hear or distinguish (for example, the letters f, s, sh).
- Use a range of other communication techniques, such as gestures, visual aids, etc.
- Try to keep background noise to a minimum.

Another good practice for inclusive education and removing barriers from GIZ Guatemala can be found in working materials 4.16.

Further reading

IDDC (2012):

[Making Inclusion a Reality in Development Organisations. A manual for advisors in disability mainstreaming.](#)

CBM:

[Make Development Inclusive](#)

Save the Children:

[Access for All. Helping to make participatory processes accessible for everyone](#)

VSO (2006):

http://www.asksource.info/pdf/33903_vso-mainstreaming-disability-2006.pdf

Lessons learned: organising an inclusive workshop on “removing barriers in transportation for persons with disabilities”

In September 2015, the research team of the Centre for Rural Development (SLE) organised a workshop on the transport situation of persons with disabilities in northern Namibia. The event, which was held in cooperation with the Department of Civil and Environmental Engineering of the University of Namibia took place in the facilities of the campus in Ongwediva. To obtain information directly from persons with disabilities about their situation in transportation, the research team aimed to invite various stakeholders and individuals, most of whom had a hearing, visual or physical impairment themselves. In the (pre-)planning phase of the workshop, persons with disabilities and their representative organisations had to be identified in the region. As there are few functioning DPOs in the Oshana region, contacts were mainly provided by visually and hearing impaired teachers working at a special school in Ongwediva. Furthermore, members of a well-known wheelchair basketball team in the neighbouring town Oshakati were identified and invited. In total, 25 persons participated in the workshop. In the first part of the four-hour workshop, barriers (environmental, institutional, attitudinal) hindering the participation of persons with disabilities in transportation were addressed. In a second work session, possible entry points on how to remove these barriers were elaborated.

Only by learning from achievements and difficulties, can future inclusive workshops be improved.

The following **requirements** and **challenges** were faced in the (pre-) planning, facilitation and evaluation phase of the workshop:

- ✓ In addition to a written invitation for the workshop, the visually-impaired teachers received an oral invitation to the workshop.
- ✓ Make sure sign language interpretation is available.
- ✓ Transport costs were included in the budget and transport was provided according to the persons' needs: provision of bus transportation for the participants and re-funding of transportation costs.
- ✓ Two sign language interpreters were engaged, according to the time duration of the workshop (4 h) and the planned group work activities.
- ✓ The workshop venue (university building) was generally barrier-free: availability of elevators, accessible wheelchair-friendly toilets (usability was checked in advance).
- ✓ The workshop room/conference hall was big enough: chairs and tables could be arranged in such a way that wheelchair users and persons with visual impairments could move around easily.
- ✓ The workshop facilitators and responsible persons arrived approximately two hours in advance to arrange the workshop room, set up guiding signs to the workshop venue, and to guide and assist arriving participants personally.
- ✓ The workshop facilitators spoke loudly and clearly, giving sign language interpreters enough time to translate.
- ✓ Handouts and a PowerPoint presentation were provided, and all written information (PowerPoint presentation and flip charts) was read out and explained.
- ✓ Speech-impaired/hearing impaired persons were given enough time to express their opinion and to participate in discussions.
- ✓ A written workshop report and an audio version of the workshop discussions was sent to all participants via email.
- ✗ The organised university bus was not barrier-free: especially wheelchair users faced problems entering and exiting the bus.
- ✗ The pathways of the university entrance were not barrier-free (e.g. rain water channels without crossing provisions for wheelchair users).
- ✗ The sign language interpreters employed were not provided with a copy of the presentation or the handout in advance.
- ✗ There was no handout or other information available in Braille or large print.
- ✗ The limited number of sign language interpreters only permitted the participation of hearing-impaired persons in two (out of four) working groups.
- ✗ No special assistance was provided for visually-impaired persons to move from one part of the workshop room to another.
- ✗ No (accessible) evaluation form was provided for the participants.

Tool 8: Clipboard assessment in the VET sector

Useable at the macro/meso or micro level



The clipboard assessment is an easy tool to assess the accessibility of partner facilities and programme implementation facilities with regard to different barriers. This tool was used by GIZ and the Namibia Training Authority to assess the accessibility of vocational training centres (VTCs). Additionally, a representative of the National Federation of People with Disabilities in Namibia co-facilitated the assessment to include the perspective of persons with disabilities and to not withhold important aspects. The assessment was completed in three VTCs in the Kavango East region. The aim of the assessment was to identify barriers at the attitudinal, environmental and institutional levels and to elaborate recommendations on how to remove these. This took place in cooperation with the principal, trainers and trainees with and without disabilities at the respective VTC. The recommendations can be utilised in an activity plan, which should be elaborated in cooperation with the VTCs and followed up by the project. Ultimately, the tool is designed to give instructions on how to conduct the assessment and how to follow up, and provides a hands-on case study for better understanding.

This tool can be adapted to various sectors in development cooperation.



Planners and practitioners in development cooperation, representatives of the National Training Authority, DPO representatives



1.5 h to assess each VTC, time to analyse findings, elaborate and adjust recommendations and elaborate an activity plan



Principal, trainers, trainees with and without disabilities



Clipboards, pens, camera



Make sure a rehabilitation officer/resource person from a local DPO representing the rights of persons with disabilities completes the assessment with you. Inform each training provider you will visit with a detailed agenda:

- What do you want to talk about?
- Who do you want to talk to (principal, trainer, students etc.)?
- How many people do you want to talk to?
(How many classrooms will you visit? How many trainers?)
- How long will the assessment take?

Instructions

Step 1 Explain your approach

After arriving at the VTC, meet with the responsible person for your assessment. Explain your approach.



It is advisable to have a meeting with the responsible person (e.g. principal) first and to ask any questions. Furthermore, you should go through the classrooms and talk to trainers and trainees with and without disabilities. For this reason, and so as to not disturb classes, it is very important that everyone is informed, and your visit and the agenda have been approved by the principal.

Step 2 Assessing attitudinal barriers

The following questions are designed to identify attitudinal, environmental and institutional barriers. All questions ideally have to be asked to the principal, trainers and trainees with and without disabilities.

The following questions can be adapted and elaborated to suit your needs. The list of questions is therefore not exhaustive, but should provide orientation.

Guiding questions



Principal, trainers

- Are there trainees with disabilities? If yes, why? If not, why not?
- Do the trainees with disabilities have any individual needs?
- How do you respond to the specific needs of trainees with disabilities?

Principal, trainers, trainees

- What is the perception of persons with disabilities? Explain.
- Do trainees with disabilities face discrimination? Which type(s)?
- What needs to change in society to improve the situation of persons with disabilities?
- Is there any awareness of the issue of trainees/persons with disabilities?
- Are trainees with disabilities treated differently? If yes, why? Can you give examples?
- How do you feel about trainees with disabilities? Can you explain?

Trainees with disabilities

- What do you think is the general perception of trainees with disabilities?
- Do trainers and trainees at the VTC share this perception?

- What needs to change in society to improve the situation of persons/trainees with disabilities?
- Do you think people are aware of trainees/persons with disabilities?
- How are your chances of finding a suitable job? Explain.
- Do you feel welcome and comfortable at the VTC?
- Do other trainees support you if you have any individual needs?
- Do you see yourself as different to the other trainees? Why?
- Have you ever been bullied or discriminated against at school? Why do think that is the case?

Step 3 Assessing environmental barriers⁷³

Here you are asked to use a checklist on identifying environmental barriers. Use the following guiding question as orientation: "Is the VTC physically accessible for trainees with disabilities?"

Guiding questions



Go through the VTC and ask **trainers and trainees with and without disabilities** the following (have a person representing the VTC with you):

- How do trainees with disabilities get to the VTC? Is there transport provided? Are roads tarmacked or sandy?
- Do entrances have steps? Are there any ramps? Is the degree of the ramp compliant with the ISO guidelines?
- Is a lift needed? Is there a lift? Does it work? Is there emergency electricity available? Can wheelchair user or *short* persons reach buttons? Is Braille or audio support available?
- Are doorways/corridors wide enough for wheelchairs?
- Are there toilets for wheelchair users? Do they work? Do doors open outwards? Are there handrails? Is there enough space to move around in a wheelchair? Is the toilet flush, sink, door lock etc. at a level that a wheelchair user can reach?
- Are study materials and is communication accessible (sign language interpreter, Braille, large print, audio support, etc.)?

Trainees with disabilities

- Do you feel well accommodated?
- Do you have individual needs, which are not addressed at the VTC? What is missing?
- Is the communication/information in class accessible (sign language interpreter, Braille, large print, audio support etc.)? What is needed to improve this?

Step 4 Assessing institutional barriers

Besides attitudinal and environmental barriers, institutional obstacles can be revealed using the following set of questions:

Guiding questions**Principal, trainers, trainees with and without disabilities**

- Are you aware of the rights of persons with disabilities?
- Are you aware of the UNCRPD and national policies and/or laws addressing the rights of persons with disabilities?
- Are there cooperations with local DPOs?
- Do you face legislation, guidelines or the like, which are in favour/not in favour of trainees with disabilities?
- How could these be addressed?
- From which ministry/institution would you hope to receive more support? What kind of support is needed?
- Is there a budget to address the needs of trainees with disabilities within the VTC?
- Are there cooperations with the labour sector to support graduates with disabilities?

Trainees with disabilities

- Do you receive special services from the government, community, VTC?
- Do these services suffice? If not, what is needed?
- Are you in contact with local DPOs?

Step 5 Analyse the collected data

When the assessment is completed, the collected data needs to be analysed and recommendations for each barrier developed. Again, to ensure the recommendations reflect the needs of persons with disabilities in a comprehensive way, the participation of DPO representatives is encouraged throughout the whole process. Once the recommendations are complete, provide feedback and discuss them with each VTC you have assessed. Make sure your recommendations are feasible and affordable for the training provider. Give each training provider the opportunity to comment on your recommendation and adjust reasonable aspects.

Step 6 Prepare an activity plan

Help the VTC to prepare an activity plan, stating: Who is responsible for what and until when? Furthermore, have the VTC report back to your project on how they are proceeding. Decide on a date with the VTC for a follow-up assessment.

Example from Namibia

According to the questions in Step 2, the following barriers were identified in the three VTCs in the Kavango East region of Namibia:

Attitudinal barriers

Prejudice, shame and discrimination cause the biggest problems for persons with disabilities. They are often assumed to be incapable, dependent, of low intelligence and in need of a cure or in need of special services and support. Negative attitudes prevent persons with disabilities from participating.

Environmental barriers

There are many physical barriers that prevent persons with disabilities from participation. Public transport, health clinics, schools, offices, shops, marketplaces and places of worship are often not accessible for persons with physical disabilities. Communication, media and information can contain barriers for persons with speech, hearing or visual impairments if the information is not presented in an accessible format, such as braille, large-letter type or sign language.

Institutional barriers

Examples of institutional barriers that block inclusion are discriminating legislation, employment laws or policies. Some development organisations also use selection criteria that exclude persons with disabilities from participation in projects. Institutional barriers are the result of negative attitudes that are anchored in policies and criteria.

Tool 9: Building a multi-stakeholder network

Useable at the macro/meso or micro level



The objective of this tool is to establish a “*learning alliance*” in which a range of stakeholders, typically located at different levels and within different expertise but connected by the common cause of promoting inclusion, come together as a group to optimise relations and break down barriers to learning. It is an opportunity to create new relationships and to form networks in which a group takes collective action to address an issue important to the inclusion of persons with disabilities. Members should draw on different types of expertise and backgrounds related to the topic. The process of participating in a multi-stakeholder network, sharing experiences, debating strategies (for example with DPOs and government representatives) and implementing joint activities is an empowering process and a learning experience for all members. In addition, involving stakeholders from outside the disability movement in the network offers the opportunity to raise awareness and visibility of disability issues in broader sections of society.



GIZ planners and partners, stakeholders



This tool builds on the outcome of tool X (situation analysis) and (stakeholder) analysis.

Instructions

Step 1 Identifying the issues/key problems for the stakeholder network

Based on your situation analysis, you have identified key issues and problems in your sector. To prepare the consultations for the multi-stakeholder network, call an internal team meeting to discuss the results of the situation analysis in order to develop a preliminary ranking of the issues and problems identified by the analysis.

Guiding questions to guide the discussion

- Is the issue/problem urgent and would it have a major impact when addressed?
- How much stakeholder commitment/additional expertise, knowledge would it require to address the issue?
- Would advocating this topic coordinate well with your other planned/current activities?

- Does the issue qualify to consider the perspective of women with disabilities and other marginalised groups?
- Does the topic qualify to follow a human rights-based approach and which articles of the UNCPRD can you advocate with the topic?

Step 2 Individual ranking of issues

After introducing the questions to the team, ask each member to reflect individually on the issues by using the guiding questions and ranking each issue as follows:

Table 3: Individual and group ranking of issues					
Issue	Individual ranking X	Individual ranking Y	Individual ranking Z	...	Group ranking
A					
B					
C...					

1 = very low, 2 = low, 3 = medium, 4 = high, 5 = very high

Step 3 Presentation of individual rankings

Ask each team member to briefly state how they ranked the different issues and why, and document the results on a flipchart. Summarise the results and emphasise similarities and differences in the individual ranking.

Step 4 Group ranking of issues

Encourage a discussion among the team on each issue and collect arguments that will enable them to give a group ranking on each issue. This should lead to prioritisation of the main issue on which to consider a development intervention, and the possibility of advocacy/networking intervention. There may be more than one main issue to start with, and the group will have to choose at some point whether they wish to tackle several or to just focus on one issue.

Step 5 Identifying actors to make up your multi-stakeholder network

This step builds on a previous conducted stakeholder analysis. If you have omitted this step before, it is necessary to do it now or at least a rapid version of it (see tool 5). Using the results of the rapid/in-depth stakeholder analysis

gives you an important starting point to consult with possible partners for a network.

The following questions will provide guidance on whom to consider and invite for further consultation meetings.

- Who are the leading organisations/actors on your topic and have you already developed a solid relationship with them?
- Which organisations or groups are working on your topic or issues related to it but not necessarily from a disability perspective? (E.g. if your topic is inclusive employment, which organisations are dealing with labour reform issues or issues related to employment training for marginalized groups or labour unions?)
- Which organisations or groups have decision-making powers on your topic?
- Which civil society organisations are working on issues related to your topic? Do they have strong networks that a future networking group could benefit from?
- Which technical experts or groups could provide the network with important technical guidance (research institutes, academic faculties, lawyers or other professionals working in the field of policy analysis)? Do you have a relationship established with any of these groups? Are any of these groups interested in or working on your issue and could benefit from learning from the multi-stakeholder process?

Step 7 Define the role of the network and individual members' responsibilities

Based on the initial meeting and the follow-up, you should have identified the key members for the network and have a realistic assessment of their commitment and capacities to contribute. To allow the network to operate, the following guiding questions will help you to define the role of your network and individual members' responsibilities.

Role

- What is the objective of the inclusion network?
- How will the networking interventions be embedded in the overall programme and be connected with other disability-sensitive activities?
- How regularly will the network meet?
- How will the network members communicate with each other?

Responsibilities

- Considering each members' capacities and resources, what responsibilities can each member assume?

- Depending on your networking topic, responsibilities can include: maintaining network structures, managing information and knowledge sharing, internal communication, mobilising media engagement

Step 8 Define the impact you want to achieve and develop an according strategy

Key points to address when developing a strategy:

- What impact do you want to achieve?
- Which actors do you need to target?
- What are appropriate activities?
- What resources are needed?
- What is our timeframe?

Follow-up steps

After identifying a disability-sensitive topic and the partners with the right commitment and capacities, the strategies for your advocacy plan and monitoring progress does not differ from other advocacy and networking activities. A comprehensive selection of tools and guidelines to help you implement the next steps are available in the Handicap International toolkit.⁷⁴


Further reading


Handicap International “Advocacy for Inclusion”:



http://www.hiproweb.org/fileadmin/cdroms/Advocacy_for_Inclusion/index_en.html


Tool 10: Designing an action plan for projects in the implementation phase


Useable at the macro/meso or micro level

 If your project has already completed the planning phase and moved to the implementation phase, it is not yet too late to consider a disability dimension within your project. The elaboration of an action plan will help you identify concrete measures to systematically incorporate a disability dimension into your results model. The tool is supported by a fictitious example from the health sector.

 Project manager or representatives of all projects and partners

 On-going process  Planners and practitioners, partners, DPOs, NGOS

 Projector, flip chart, markers

 Inform participants in advance of implementation of a new dimension in the project plan. Additionally, send them information about the topic. Have a resource person support you during elaboration of the action plan

Instructions

Step 1 Reflection on disability dimension of your project

You realise that a disability dimension has been omitted in your planning phases? What can be done to still include a disability dimension?

Step 2 Brief situation analysis

Situation analysis: systematically assess the situation of persons with disabilities:

- What data is available? What has to be collected?
 - Who is responsible for collecting it??
 - Until when?
 - How? Choose relevant method (interviews, surveys, focus group discussions...)
- Data analysis
- Could persons with disabilities benefit from the programme so far?

- What are specific barriers on the attitudinal, environmental and institutional levels?
- Review the relevant sector on specific policies about persons with disabilities.

Step 3

Review your stakeholder analysis and your present networks with regard to the disability dimension:

- Is there already experience among stakeholders with regard to the inclusion of persons with disabilities?
- Identify DPOs and/or relevant government bodies in your project region to establish a cooperation/network.

Step 4

Revise your results model to address the needs of persons with disabilities objectives and activities on all levels:

- Develop new indicators accordingly.
- Which components need to be mainstreamed and where are targeted initiatives necessary?
- Calculate the budget for necessary adjustments.

Example from the health sector

Programme: strengthening provincial health services

Do persons with disabilities benefit from the services provided by your project in an equal way compared to non-disabled persons?

Possible barriers that a situation analysis might identify

Attitudinal barriers

- Mutual communication problems between persons with disabilities and health service providers: Staff report problems of aggression on the part of the patients, persons with disabilities report lack of empathy, patience on side of health staff;
- Persons with disabilities are not aware of their rights and entitlements in terms of health insurance and access to free services.

Institutional barriers

- Lack of public infrastructure in rural areas prevents persons with disabilities from reaching health care facilities.
- Health insurance for persons with disabilities only covers basic services and patients usually cannot afford specialist treatment.
- Staff are not available to support persons with disabilities in need of support in terms of communication or moving around the hospital.
- Persons with disabilities depend on the support of their family to reach facilities, pay for specialist services or communicate with staff.

Environmental barriers

- Rehabilitation departments are understaffed and lack equipment
- Health care facilities lack wheelchairs, rest areas and ramps

➔ Collaborate with DPOs, ministries (rehabilitation units, etc.) with relevant section and community health workers, rehabilitation officers or similar to reach out to target groups and to cooperate to raise awareness. To better identify their needs but also to create awareness for their rights in the health sector.

Use collected and analysed data and include it in your results model.

Create indicators (example):

- The accessibility for persons with disabilities to provincial health services has been improved by x%.
- The satisfaction of persons with disabilities with the health sector services has been improved by x%.
- Awareness and social issues of disability is included in the curricula of vocational health training.

Box 11: Example from the health sector



Photo 5: Good Practice – Cambodia
Social Health Protection Programme

Source: GIZ Cambodia

Background

“Including persons with disabilities in the health sector in Cambodia”

Limited availability, accessibility, affordability and quality of services as well as negative attitudes and discrimination constitute major barriers for persons with disabilities in the Cambodian health system. The public health system has limited capacity to prevent, detect and treat impairments that can be disabling. Additionally, persons with disabilities lack knowledge about health care and their rights as patients. Although, persons with disabilities have been exempted from user fees in public health facilities by law since 2004, this policy is not systematically implemented and public health facilities do not always offer free treatment.

Approach

The Social Health Protection Programme (SHPP) is following an integrated, comprehensive approach in order to target multiple barriers with specific interventions and mainstreaming measures by advising the Ministry of Health how to expand the social health protection scheme from the poor to persons with disabilities.

- Creating awareness and enabling participation is an important feature of the SHPP's work. The programme works closely with DPOs and other NGOs and provides capacity development. Together with local authorities and health institutions, the programme enables DPOs to participate in municipal and health planning processes.
- Furthermore, awareness raising activities and media campaigns concerning patient rights and sexual and reproductive health rights targeting persons with disabilities are conducted using accessible formats.
- In collaboration with "Epic Arts", an inclusive art NGO, dance performances by persons with disabilities on health-related topics are organised to raise awareness of disability and to combat stigma and discrimination.
- Measures aimed at improving the early detection of impairments and the prevention of disability among children have been developed. These include a set of screening tools, training health workers in their use, creating service directories, and supporting detected children to receive follow-up consultations.
- A voucher mechanism which is financed and administrated by local faith-based organisations, reimburses the transportation costs incurred by persons with disabilities when travelling to local health centres has been developed and piloted; evidence about the high health expenditures incurred by persons with disabilities is also being brought into national-level policy discussions on the expansion of social health protection schemes.

Lessons learned

The level of awareness and understanding of the need for the inclusion of persons with disabilities in the health sector could be increased among partner institutions, local authorities and communities, as well as at the political level. Inclusion, nevertheless, remains a long-term process requiring constant commitment from everyone involved. In the Cambodian contexts, the efforts of the programme to improve the situation for persons with disabilities are continuously challenged by various social and economic factors with roots outside the health sector. This highlights the need for a cross-sectorial approach in order to make disability inclusion sustainable.

Author: Shana Dörr

Contact: SHPP Phnom Penh: info.shpp@giz.de

Publication: German Health Practice Collection 2015

Checklist for inclusive project implementation



The following checklist addresses various steps in “removing barriers”. If these points can be answered with a clear yes, the project is on the right track to address persons with disabilities and include them in activities. Otherwise, additional reflection on how to achieve greater inclusion of persons with disabilities seems appropriate.

- ✓ Does a disability dimension exist in the project plan?
- ✓ If not, has an action plan been prepared and is followed?
- ✓ Are disability-relevant activities implemented?
- ✓ Do disability-sensitive indicators exist?
- ✓ Are awareness-raising activities on the inclusion of persons with disabilities undertaken continuously and adjusted according to the current knowledge, throughout the implementation phase?
- ✓ Do the activities undertaken include all relevant actors (staff, partners and beneficiaries created)?
- ✓ Are staff, partners and beneficiaries sensitised to the inclusion of persons with disabilities?
- ✓ Is the disability dimension implemented in mainstreaming and targeted initiatives/activities?
- ✓ Is data on persons with disabilities collected throughout the project?
- ✓ Are cooperations/networks with local and national DPOs elaborated?
- ✓ Are persons with disabilities included on all levels of the project implementation, as well as resource persons?
- ✓ Are barriers identified removed (attitudinal, environmental and institutional) and accessibility promoted throughout the project?

3.3 Inclusive monitoring and evaluation

Monitoring progress and evaluating impact means proving whether the objectives of a project or programme are being achieved or not. By highlighting achievements and deficits of programme implementation, further action can be taken, such as changes to short-term planning.

- Regular continuous and systematic **monitoring** and review ensures the project or programme is on the right track.
- **Evaluating** impact and results means measuring the programme or project against its outcomes to establish whether and how the outcomes have been met and to assess the overall impact of the programme, e.g. what changes have occurred as a result of the programme?

Tools in this section

- **Tool 11:** Designing disability-sensitive indicators
- **Tool 12:** Developing a results-based monitoring system
- **Tool 13:** Data collection for disability-sensitive monitoring
- **Tool 14:** Principles for disability-specific evaluations

In line with international standards, GDC and its implementing organisation GIZ uses a results-based monitoring (RBM) and evaluation system.⁷⁵

RBM reviews the entire change process that is generated by an intervention (see Chapter 2 in this section)

Considering disability in monitoring and evaluation is an important element of ensuring that persons with disabilities are being sufficiently included in the project/programme design and imple-

mentation. Considering disability issues is thus important for both cases when programmes have been established with an explicit disability dimension or when a disability dimension has not been included so far.

Many programmes or projects might have been established without an explicit disability dimension in their analysis, planning and implementation phase. Such a dimension can still be included in the monitoring and evaluation phases. This is of significant importance, since it can lead to learning and changes either for the project's on-going delivery or for future projects.

Disability-inclusive monitoring involves analysing whether and how the concerns and needs of persons with disabilities are being included. This is achieved by:⁷⁶

- Monitoring the temporary project results and the budget line(s) set aside to specifically include persons with disabilities.
- Ensuring effective disability disaggregated data collection.
- Analysing the disability disaggregated data collected.
- Reporting and sharing the results of monitoring with key stakeholders on the micro, meso, and/or macro levels.
- Managing the information collected for the project's continuation.

Disability-inclusive evaluation involves measuring in a systematic and objective way how the completed or on-going project has performed with regard to its disability-specific design. It is not possible for one evaluation to assess all aspects of the programme. Therefore, it is important to think carefully about the purpose of the evaluation. A disability specific purpose could be:

- Considering the relevance, efficiency, effectiveness, impact and sustainability of the programme with regard to its disability dimension.
- Evaluating the project results and how much of the budget was spent on disability inclusion.
- Gathering and disaggregating data to identify numbers of participants with disabilities and disability groups.

Guiding principles of an inclusive monitoring and evaluation system⁷⁷

According to the core concepts of inclusive development cooperation, the following steps must be realised in any monitoring and evaluation (M&E) process:

Awareness



To incorporate in a disability perspective is not so much a matter of specific expertise or financial resources, but rather of awareness on the part of development planners and practitioners.

- Assess and evaluate whether the project contains an explicit disability dimension.
- If this is not the case, analyse how a disability dimension can still be included in monitoring and evaluation.
- Assess negative consequences associated with the exclusion of persons with disabilities.
- Raise awareness for and understand the value of including disability within monitoring and evaluation processes (especially with regard to effectiveness, impact and sustainability of the project).

to this phase, but the participation of persons with disabilities is not only a means to achieve reliability and comprehensiveness but an end in itself as outlined in the guiding principle of the UNCRPD (Art. 3). Like any other group within society, they are entitled to participation in all aspects of life, including international development cooperation (Art. 32).

- Ensure persons with disabilities are involved in monitoring and evaluating processes (e.g. DPOs can collect information on the local level) and be consulted as experts.
- Include persons with disabilities in project adaptation and the elaboration of new projects.

Non-discrimination



To effectively include persons with disabilities in your development intervention, it is crucial to analyse barriers on different levels and to identify appropriate measures to overcome discrimination and create accessibility through reasona-

Participation



Including a disability perspective will make a valuable contribution

ble accommodations for persons with disabilities.

- Identify barriers: are persons with disabilities able to access the programme?
- Analyse potential and existing barriers preventing full inclusion: attitudinal, environmental, institutional.
- Assess whether barriers have been overcome during project implementation and what lessons can be learned for future project planning and design.

How to develop a twin-track approach?



Developing a disability-inclusive M&E system involves considering both tracks of the twin-track approach:

- How was disability mainstreamed as a cross-cutting issue within projects and programmes?
- What targeted initiatives were there to ensure full and equal participation and access of persons with disabilities to the project or programme?
- As M&E systems are designed to prove whether the (temporary) results of a project or programme according to their initial design are achieved, it analyses potentials and limitations on both sides of the track: do mainstream activities need to be adjusted by targeted initiatives to become more inclusive?
- Are the targeted initiatives limited to small-scale activities within the project/programme?
- Are further mainstreaming activities needed to ensure the overall inclusiveness of the programme/project?

Tool 11: Designing disability-sensitive indicators

Formulating and using relevant indicators is a precondition for mainstreaming disability into GIZ's work. Specifying which specific results should be measured with indicators and integrated into the RBM system is a strategic decision depending on what kind of information is needed for steering, learning and reporting. Besides the indicators that are formulated in accordance with the commissioning party, it is useful for the efficient monitoring of disability inclusion to develop more indicators addressing disability inclusion within the RBM system. Flexibility in terms of adapting and adding indicators is seen as fundamental strategic leverage to strengthen the mainstreaming of disability inclusion.



"Not everything that counts can be counted, and not everything that can be counted counts." William Bruce Cameron

General dimensions of disability-relevant results

As this toolkit should be usable in all working sectors of GIZ, it seems helpful to outline some general methodological approaches in the context of monitoring disability inclusion in order to systematically assess the extent to which people can make use of the

services and resources of an individual programme. The following list offers various results dimensions that are relevant to monitoring disability inclusion. For better applicability, there are sample indicators showing how disability inclusion can be integrated into an RBM system. Disability inclusion can relate to all levels of the results model, as demonstrated in the sample indicators.

Types of indicators for disability inclusion

For detailed instructions about developing indicators, please refer to the Further Reading box. As for all indicators, following the **SMART criteria** – which stands for specific, measurable, achievable, relevant and time-bound – is also relevant for developing disability-sensitive indicators. Depending on what change is intended, who is responsible for it and how results can be measured, **non person** and **person-related indicators** should be used.

While **non person-related indicators** measure how disability inclusion and mainstreaming can be realised (e.g. through policies); **person-related indicators** describe intended changes between and among persons with and without disabilities (e.g. changes in behaviour, knowledge, perceptions, opinions, participation, and assessments and their consequences).

While formulating **non person-related indicators**, the “specific” quality criteria needs some further consideration. Terms like “specific to disability inclusion” or “disability-sensitive” that are used to describe activities or results are insufficient without further explanation. For example, speaking of a disability-inclusive training programme can indicate different aspects: removing barriers for persons with disabilities to participate (e.g. offering sign language interpreters or barrier-free access to the venue) or emphasising the importance of disability inclusion throughout the entire training. Missing specification carries the risk that the term “disability-sensitive” is misused to meet the requirements of disability mainstreaming within the project (“ticking the box”).

The use of **person-related indicators** requires differentiation between the following types of indicators:

- **Disability-differentiated indicators:** monitor changes among persons with and without disabilities as well as changes with regard to the results among various impairments.
- **Disability-specific indicators:** measure the intended change among persons with disabilities.
- **Disability-neutral indicators:** the existence of impairment/disability is irrelevant for the observed changes.

Table 4: Disability-sensitive indicators

Type of indicator	Where in relation to whom is change intended and measured?	What is measured? For example ...	Sample indicators
<p>Non person-related indicators</p> <p>Usually measure how disability inclusion can be achieved</p>	<p>Changes do not take place and are not measured with regard to persons</p>	<p>Implementation of concepts or laws that contribute to promoting disability inclusion.</p> <p>Design of a disability equitable policymaking process</p> <p>Implementation of training courses that are accessible to persons with and without disabilities</p>	<p><i>"The number of national sector policies addressing the inclusion of persons with disabilities has increased from X to Y by time Z."</i></p> <p><i>"The number of members in national parliament with disabilities increased from X% to Y% by the time Z."</i></p> <p><i>"The number of inclusive vocational training curricula has increased from X to Y by time Z."</i></p>
<p>Person-related indicators</p> <p>Changes among individuals, among the whole of society or specific groups</p> <p>Specifically groups of persons, including organisations (e.g. DPOs)</p>	<p>Disability-differentiated</p> <p>Change is specifically between persons with and without disabilities</p> <p>Disaggregation of the measurement among various types of impairment</p>	<p>Knowledge, assessments and perceptions (satisfaction, opinion, rating)</p> <p>Behaviour, participation, etc.</p> <p>Access and/or control over, etc.</p> <p>Production, income, etc.</p>	<p><i>"X% of persons with disabilities in the target group demonstrate increased awareness of disability rights by being able to name Art. 3 of the UNCRPD and describing the content in their own words."</i></p> <p><i>"The systematic involvement of DPOs in government consultation processes has increased from X consultation meetings to Y by the time Z."</i></p> <p><i>"The enrolment of persons with disabilities in mainstream vocational training programmes has increased from X% to Y% by the time Z."</i></p> <p><i>"The employment of persons with disabilities in the tourist sector has increased from X% to Y% by the time Z."</i></p>

Tool 12: Developing results-based-monitoring for disability inclusion

Monitoring is a central part of the whole commissioning process and the “results-based monitoring [RBM] is an important steering tool with which we observe the entire change process triggered by a development measure.”⁷⁸ The monitoring of disability-relevant results is a fundamental part for mainstreaming disability inclusion into the GDC as the BMZ committed itself to.⁷⁹

Results model

The main purpose of the **first step** is to **examine all results and activities with regard to their relevance to disability inclusion**. If necessary, additional key activities and instruments or results have to be included in the results model. If no results model exists, it has to be designed. Furthermore, designed indicators have to be revised.

For further details, see the chapter on “inclusive project planning”.

Clarify the requirements to be met by the RBM system

In a **second step**, the **requirements the RBM system** has to meet are formulated in accordance with the possible extent to which the system will be used to steer the project. It has to be clarified who needs what kind of information for what purpose with regard to disability inclusion and mainstreaming. Different information could be necessary for disability-sensitive steering of the project and the communication of disability-specific results to the partners or commissioning party. GIZ tries to use monitoring systems of its partners if possible. The following questions could be useful for the discussion with partners and other relevant stakeholders:

Identifying and involving stakeholders in strategic and steering decisions

- Does the disability situation analysis (Tool 3) provide information on stakeholders who should be involved in strategic decision-making and steering?
- Do disability inclusion experts (e.g. DPOs) explicitly count among the project stakeholders?
- What kind of experiences and capacities do stakeholders have in terms of disability-sensitive monitoring?

Clarify the interests, expectations and information needs of stakeholders

- What information needs on disability do commissioning parties, GIZ Head Office, internal and external quality control officers have?

- Are there any risks related to the intended results of disability inclusion? Could any unintended negative results occur in this process ("Do no harm")?
- What information does the project partner need to monitor their own objectives and achieve their reporting commitments with regard to disability inclusion?
- What are possible ways to collect the data needed to monitor the intended disability inclusion results? Are there any restrictions (e.g. the cultural context) in data collection?
- How should and can monitoring findings be included in political dialogue and reform processes (e.g. with regard to implementation of the UNCRPD)?
- What inputs can advocacy/interest groups (e.g. DPOs) provide for monitoring?
- What financial and human resources do stakeholders have for carrying out monitoring? How can the GIZ support partners (e.g. in terms of financial support of DPOs, etc.)? (Consider the often low capacities of DPOs.)

Using possible synergies and adopting the RBM system to the partner system

- Are there any RBM systems of partners or other relevant stakeholders that collect disability disaggregated data? If so, how can these systems be used? Is there a national disability council responsible for monitoring implementation of the UNCRPD with whom information and monitoring tasks could be shared?
- Are there any partners that could be advised on disability-sensitive monitoring for further joint monitoring activities?

The **third step makes the intended results measurable** by determining **indicators** and **results hypotheses**. Indicators should be SMART (specific, measurable, achievable, relevant and time-bound) grounded on a baseline and a target value. In terms of disability inclusion, a mixture of qualitative and quantitative indicators is highly recommended. Disability-related indicators are appropriate when it seems that they are important for disability inclusion within the project steering and reporting. Furthermore, issues of the equal status of persons with disabilities within society are also investigated in order to gain perceptions of all stakeholders and actors relevant to the project (KOMPASS). Integrating these perspectives into the RBM system provides information about why results occur or not. Keep in mind:

Formulate hypotheses

- What are the basic results hypotheses the project is based on and how are disability-specific interventions and results related to the (overall) objective of the project?
- What information and data from the disability analysis can be used to prove the plausibility/validity of the results hypotheses?
- Are the participating actors/stakeholders able and committed to promote and enable changes, or at least not hinder them? Who are these actors/stakeholders? How can they be included and strengthened within the project?

Examine and formulate objectives indicators and result indicators

- Looking at the results model: what are the result hypotheses of the formulated disability-specific indicator(s)? What are important milestones of its achievement? Are there further indicators needed to measure the results?
- What areas of interest need to be observed to monitor assumptions and risks of the interventions so that possible negative side effects for disability inclusion can be avoided?
- Which indicators have already been established and should now be elaborated in a disability disaggregated sense?
- Are there any further indications that the planned disability inclusion relevant results have really been achieved? Are further indicators needed to measure disability-relevant results more accurately within the project?

You can find more samples of indicators for disability inclusion under working material 4.15.

Open questions to comprehend different perspectives of disability inclusion, capturing the perspectives of partners and target groups (**KOMPASS procedure**)

- (How) Has the situation of persons with disabilities changed in a specific context?
- Are there differences between rural and urban areas in different project regions?
- Are there observable connections between disability, gender, poverty and other cross-cutting issues?
- Are there changing perceptions towards disability within society? If so, in what social milieu? Does this harm/benefit the project?
- Has there been a change in interest regarding disability inclusion and the rights and roles of persons with disabilities? If so, what or who brought this change, and how?
- Which product/activity/result is of special importance for persons with disabilities?
- Who could be upset or anxious?
- What motivates persons with and without disabilities to participate in the project?
- What consequences might the planned procedure have regarding the various aspects of disability inclusion – at the political, institutional, societal and individual levels?

In the **fourth step**, all previous findings from steps one to three are transferred into a monitoring plan, supplemented with further details (e.g. timetables, monitoring activities, data collection instruments). The following aspects should be kept in mind:

Results, objectives and indicators

- Have disability-relevant results been systematically and explicitly integrated into the regular monitoring plans and the corresponding RBM format?
- Is the RBM system designed in such a way that it can provide information to be used for internal and external quality control mechanisms?
- Are there substantive links with conflict-sensitive monitoring or other relevant key issues, such as human rights, political participation, poverty reduction and gender equality? If so, is this reflected in the RBM system?

Responsibilities for monitoring activities

- Is disability inclusion or the monitoring of disability relevant results clearly presented in guidelines and instructions on monitoring, reflecting the principles, procedures, formats, instruments, responsibilities, etc. for everyone working on the project?
- Do responsible persons have the required knowledge to carry out disability-sensitive monitoring? Do involved partners also have the required knowledge?
- Do all stakeholder share a common understanding of disability inclusion?

Data analysis and assessment

- In what way is the disability perspective included in the data assessment? Does the disability analysis provide any orientation in this regard? When establishing the RBM steering group, are persons with disability part of the group to ensure that disability inclusion competence is anchored?
- What progress can be seen regarding the achievement of disability inclusion-related results or of the corresponding indicators? Have there been any (unforeseen) developments, and does additional action need to be taken regarding the associated assumptions and risks?

The **sixth step** ensures that the information gained from the RBM process are used properly for the project steering, reporting as well as for GIZ's knowledge management. RBM data allows a regular examination of the results achieved in terms of disability inclusion. It provides the data required for disability-sensitive strategic and steering decisions. Furthermore, the data offers information on how GIZ projects contribute to disability inclusion, increasing the legitimacy of the GIZ's advisory services towards partners, commissioning parties and interested members of the public. Data gives insights into the realisation and non-realisation of results and contributes to institutional learning. The following disability-specific questions concerning the use of RBM results are useful:

Steering

- Should the results hypotheses and strategies be adjusted to realise the objectives with regard to disability inclusion?
- What kind of information could the partners be provided with that could be useful for developing their own strategies and programme steering?

Accountability, proof and results attainment, reporting commitments and evaluations

- What disability-disaggregated data is integrated into which sections of reports to the commissioning party?
- What data relevant to disability inclusion could be used for internal or external quality control, project evaluation or planning of a follow-up measure?
- What information and data are useful for annual surveys?

Knowledge management and learning

- Are the experiences for strengthening disability inclusion of the project being prepared for dissemination?
- What results relevant to disability inclusion are useful for public relations and should be processed properly?
- Are there positive experiences and/or good practices that can be used for GIZ's institutional learning?
- Is accessible information on the project available (e.g. Braille, large print, etc.)?

Tool 13: Data collection methodology for disability-sensitive monitoring

Having in mind the key questions of step 5 of the RMB ("How can I collect and analyse data?"), this overview provides information on a sample of data collection methods for disability-sensitive monitoring. Please keep in mind that every project or programme must adapt specific data collection methods according to its RBM system (see previous chapter). The sample of data collection methods as presented in the overview below can be applied to both projects comprising mainstreaming and targeted initiatives, which are promoting the rights of persons with disabilities. It is suitable for all levels of development cooperation, on the micro, meso and macro levels.

Table 5: Data collection methodology		
Key areas of investigation	How to collect the data	Source of verification
Presence of persons with disabilities in the project area	Observation by staff Consult the local stakeholders and partners in implementation Consult local disability stakeholders (e.g. DPOs)	National population surveys Management reports
Location of persons with disabilities in the intervention area of the project	Consult local (disability) stakeholders and partners in implementation	Management reports Activity reports of outreach staff
Use of the services offered in your project by persons with disabilities	Observation by staff Collection of data through statistics	Monitoring data and adapted statistics
Reasons for the non-use of the services developed by your project by persons with disabilities	Collection of the information directly from persons with disabilities or their representative organisations (DPOs) in your target area	Interviews with persons with disabilities Organisation of focus group discussions
Effects of your project on the situation of persons with disabilities	Collection of the information directly from persons with disabilities or their representative organisations (DPOs) in your target area	Interviews with persons with disabilities Organisation of focus group discussions

Tool 14: Principles of disability-specific evaluation

When the purpose and focus of the evaluation has been confirmed, it is then possible to develop specific evaluation questions. Development measures in the field of international cooperation are evaluated worldwide in accordance with consistent standards. Similar to many other cooperation agencies, the GIZ uses the five key criteria of the Development Assistance Committee (DAC) of the Organisation for Economic Co-operation and Development (OECD).⁸⁰

Based on these criteria of the international donor community, disability-specific evaluation questions can be revealed as follows:⁸¹

Relevance...



... describes the extent to which the activity/project is suited to the priorities and policies of the target group, recipient and donor. In evaluating the disability-specific relevance of a programme or a project, it is useful to consider the following questions:

- Do the objectives of the development measure match the needs of persons with disabilities as a target group, disability-specific policies of the partner country and partner institutions, the UNCRPD, the SDGs and the BMZ Action Plan of the German government?
- Are the activities and outputs of the programme consistent with the overall goal of disability inclusion?
- Does the programme meet the needs of persons with disabilities, their families and their community?

Effectiveness...



... is the measure of the extent to which an aid activity attains its objectives. In evaluating the effectiveness of the disability dimension of a

programme or a project, it is useful to consider the following questions:

- Have the objectives of the development measure, e.g. the direct results for persons with disabilities as a target group, been achieved, and to what extent (comparison of actual situation with targets)?
- What were the major factors influencing the achievement or non-achievement of the objectives of the inclusive development measure?

Efficiency...



... measures the outputs – qualitative and quantitative – in relation to the inputs. It is an economic term, which analyses whether the most efficient process has been adopted. In evaluating the effectiveness of the disability dimension of a programme or a project, it is useful to consider the following questions:

- Are the objectives being achieved cost-effectively? In other words, are the resources invested in a development intervention (funding, expertise, time, etc.) appropriate compared to the outputs and results achieved?
- Have the resources (human, financial and material) thus been used in the best way?

Impact...

... measures the positive and negative changes produced by a development intervention, directly or indirectly, intended or unintended. This examination also includes the positive and negative impact of external factors, such as economic regressions and natural disasters. When evaluating the impact of the disability dimension of a programme or a project, it is useful to consider the following questions:

- Does the development measure/activity help to achieve the intended overarching results (e.g. equality and participation of persons with disabilities in all spheres of life)?
- What real difference has the activity made to persons with disabilities as beneficiaries?
- How many persons with disabilities have been affected?

Sustainability...

... measures whether the benefits of an activity are likely to continue after donor funding has been withdrawn. Projects and programmes need to be socially as well as financially sustainable. When evaluating the sustainability of the disability dimension of a programme or a project, it is useful to consider the following questions:

- Are the positive results (e.g. increase of participation of persons with disabilities) of the development measure durable?
- Is it probable that they will continue beyond the end of assistance?

Summary: Lessons learned for future planning

After collecting and analysing the M&E information, you will need to make sense of it. M&E is useless if no one acts on its conclusions and recommendations. Therefore, it is important to report the lessons learned and to share relevant findings. It is crucial to reflect and learn from the things that worked and the things that did not in order to improve current activities and to promote better planning by careful selection of alternatives for future action: Which future projects and programmes should include persons with disabilities, how this can be achieved and why?

The results of M&E should influence decision-making about various aspects of programmes (continuity, change, up scaling, termination?), but is also highly influencing the knowledge management of an organisation like GIZ. Last but not least, an inclusive M&E system should address the priorities and needs of persons with disabilities.

Checklist for inclusive project implementation



The following checklist addresses various steps in monitoring the progress of your project with regard to disability inclusion and find appropriate ways to integrate the topic into your programme/project evaluation.

The project's M&E and data collection system include an overall disability perspective as well as disability-specific indicators

- ✓ Persons with disabilities are able to access project interventions as envisaged in the project design.
- ✓ Steps are identified to remove existing barriers for the inclusion of persons with disabilities.
- ✓ Disability-specific budget lines are being spent according to the project plan.
- ✓ Persons with disabilities or DPOs continue to be involved in consultation and decision-making about on-going implementation of the project.
- ✓ If a disability perspective was not included in the analysis and planning phases, steps have been taken to actively minimise the possible negative impacts of this and the unintended effect on persons with a disability in implementation.
- ✓ Project owners, authorities and other stakeholders are aware of the importance of including a disability perspective.
- ✓ The scope of the evaluation and relevant ToR include a disability perspective.
- ✓ Persons with disabilities are being included as stakeholders or facilitators in the evaluation.
- ✓ Venues and facilities being used for the evaluation are accessible for persons with disabilities.

PART IV: Working materials

4.1 Glossary of definitions and technical terms

Accessibility

Refers to the concept that persons with disabilities should have access on an equal basis as others to facilities, treatments and services available to the general public, including physical, transportation, information and communication infrastructure.

Awareness

Awareness refers to a general understanding of people at all levels of an organisation of the needs and rights of persons with disabilities.

Barriers

Barriers are obstacles that make it difficult – sometimes impossible – for persons with disabilities to participate in society. Barriers can be attitudinal, environmental or institutional.

Charity approach

The charity approach towards disability was the dominant approach in international development cooperation until the 1990s. Based on the medical model of disability, it reduces persons with disabilities to objects of charity. It limits their role in society to being a recipient of special services and medical care.

Development

Bringing about social change that allows people to achieve their full human potential. Disability-inclusive development means the systematic inclusion of persons with disabilities in the societies of low, middle and high income countries.

Disabled people's organisations (DPOs)

Disabled people's organisations (DPOs) are those formed and operated by a majority of persons with disabilities at the board and membership levels, for the advancement of the rights and participation of persons with disabilities in society. Since the 1960s, persons with disabilities all over the world have founded organisations with such purpose.

Disability

The loss or limitation of opportunities to take part in society on an equal level with others due to attitudinal, institutional and environmental barriers. Disability is the result of the impairment(s) of a person and the barriers this person faces in his or her daily life.

Discrimination

According to the UNCRPD, discrimination on the basis of disability means any distinction, exclusion or restriction on the basis of the impairment(s) of a person which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.

German Development Cooperation (GDC)

The German Development Cooperation comprises all organisations and structures working on behalf of, or receiving funds from the Federal Ministry for Economic Cooperation and Development (BMZ). The German Agency for International Cooperation (GIZ) and the KfW Development Bank represent the main implementing organisations of the GDC. Other stakeholders are German non-governmental organisations (NGOs) and their counterparts in partner countries of the GDC.

Impairment

An impairment is a bodily function or feature that could be caused by an injury, chronic illness, or congenital condition. It signifies or is likely to signify a loss or difference of physiological or psychological function.

Intersectionality

An intersectional approach situates persons with disabilities at the intersection of various forms of discrimination on the grounds of their disability and other social categories, such as their gender or socio-economic status. Persons affected by multiple forms of discrimination are particularly vulnerable.

Inclusion

The full and equal participation of all human beings in society.

Human rights-based approach

The human rights-based approach towards disability defines persons with disabilities as rights-holders entitled to all civil, political, social, economic and political rights. Anchored in the UNCRPD, disability is stipulated as a human rights issue.

Mainstreaming

Mainstreaming is the process of integrating a set of new concepts or ideas into accepted practice in a society, culture, and country. The main idea of disability mainstreaming is to consider disability as a cross-cutting issue that should be addressed at all levels of an organisation.

Medical/individual model

The medical/individual model explains disability as a biological deficit or a problematic health condition that can be prevented, cured or rehabilitated. Interventions are focused on the individual person with a disability adapting to society.

Multi-level approach

The multi-level approach implies that disability inclusion and mainstreaming can only succeed if it addresses all levels of society and of policy frameworks. Inclusive activities and projects are ideally carried out on the micro, meso and macro level of development cooperation.

Participation

Participation means that persons with disabilities themselves and their organisations (DPOs) actively participate within all project phases as staff members and counterparts of the GDC. They benefit from development interventions on an equal level as their non-disabled peers.

Persons with disabilities

According to the UNCRPD, a person with a disability is an individual who has a long-term physical, mental, intellectual or sensory impairment, which in combination with various barriers may hinder their full and effective participation in society on an equal basis with others.

4.2 The ICF definition of disability and the biopsychosocial model

The prominence of interactive approaches, such as an integration of the medical/individual and the social models of disability is mainly reflected in the shift of definitions and concepts towards disability provided by the WHO. In 1980, relying on the “paradigm of rehabilitation” and the medical model of disability, the WHO introduced the “Classification of Impairments, Disabilities, and Handicaps” (ICIDH).⁸²

This medical classification was revised in 2001 when the International “Classification of Functioning, Disability and Health” (ICF) became the official WHO framework for measuring health and disability at both individual and population levels. For the first time, an official definition of disability on international level emphasised environmental factors in creating disability (see box 12: The ICF definition of disability).⁸³ The ICF definition draws attention to the fact that the complex notion and concept of disability shouldn’t be reduced to either medical or social concerns and leads to the “biopsychosocial model” of the WHO.⁸⁴ However, the prominence of this model of disability is also criticized by DPO representatives.⁸⁵

The ICF definition of disability

Conditions (diseases, disorders and injuries) **and contextual factors**. Among contextual factors are **external environmental factors** (for example, social attitudes, architectural characteristics, legal and social structures, as well as climate, terrain and so forth); **and internal personal factors**, which include gender, age, coping styles, social background, education, profession, past and current experience, overall behaviour pattern, character and other factors that influence how disability is experienced by the individual.⁸⁶

Box 12: The ICF definition of disability

4.3 Inclusive SDGs

Disability is included in the following SDGs:⁸⁷

SDG 4	Guaranteeing equal and accessible education by building inclusive learning environments and providing assistance for persons with disabilities.
SDG 8	Promoting inclusive economic growth, including full and productive employment allowing persons with disabilities to access the job market.
SDG10	Emphasising the social, economic and political inclusion of persons with disabilities.
SDG11	Creating accessible cities and water resources, affordable and sustainable transportation systems, providing universal access to safe, inclusive, accessible and green public spaces.
SDG 17	Emphasizing the importance of data collection and monitoring of the disability-related SDGs

Furthermore, persons with disabilities or disability are specifically mentioned eleven times in the SDGs, and persons in vulnerable situations six times.

4.4 Concept of intersectionality (Part I)

The concept of “intersectionality” (or “intersectionalism”) was first introduced by Kimberlé Crenshaw in 1989. Her attempt was to describe the interaction of “race” and gender in shaping women’s experiences of employment. She emphasised that especially black women and women of colour are facing multiple forms of discrimination, based on their gender, economic and social status (“class”) and ethnicity (“race”).⁸⁸ Over the last 20 years the concept of intersectionality was further developed and extended to various categories such as disability, age, religion and sexuality.⁸⁹ All these categories interact on multiple and often simultaneous levels, contributing to systematic inequality in society regarding the access to resources and the realisation of life chances.⁹⁰

The living conditions and chances of persons concerned by multiple forms of discrimination, such as on the ground of disability and gender, can completely differ from those persons facing “only” one form of discrimination. Disability is thus considered as a “social category”⁹¹ which is highly socio-cultural specific and which interacts with other social categories.

4.5 Evaluation of assessment

The following evaluation figure can be used to evaluate the assessment of your organisation. Please cross as many x as indicated in the boxes e.g. Policy one “x” but accessibility four “x”.

Evaluation of assessment							
4							
3							
2							
1							
	Policy (1x)	Planning, management and evaluation (3x)	Programme implementation (3x)	Capacity building (1x)	Accessibility (4x)	Human resource management (2x)	Cooperation and net-working for rights (2x)

4.6 Socratic questioning

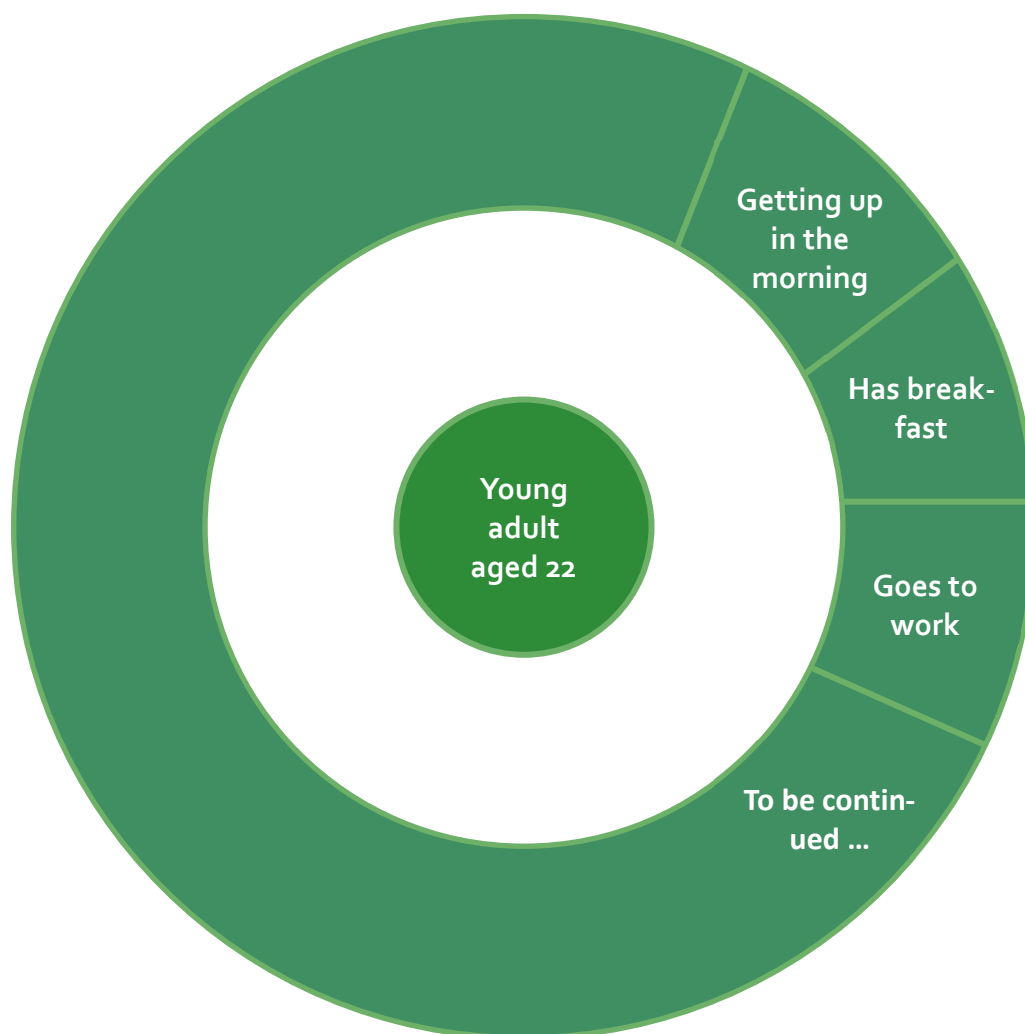
Socratic questioning
<ol style="list-style-type: none"> 1. Clarify people’s thinking; e.g.: “Why do you say that?”; “Could you explain further?” 2. Challenge people’s assumptions; e.g.: “Is this always the case?”; “Why do you think that this assumption holds here?” 3. Reveal evidence as a basis for argument; e.g.: “Why do you say that?”; “Is there reason to doubt this evidence?” 4. Expose alternative viewpoints and perspectives; e.g.: “What is the counter argument for this?”; “Can/did anyone see this another way?” 5. Emphasise the implications and consequences; e.g. “But if...happened, what else would result?”; “How does...affect...?” 6. Question the question; e.g.: “Why do you think that I asked that question?”; “Why was that question important?”; “Which of your questions turned out to be the most useful?”
Box 13: Socratic questioning

4.7 How to find DPOs

The following list can be used to find DPOs in your respective project region:

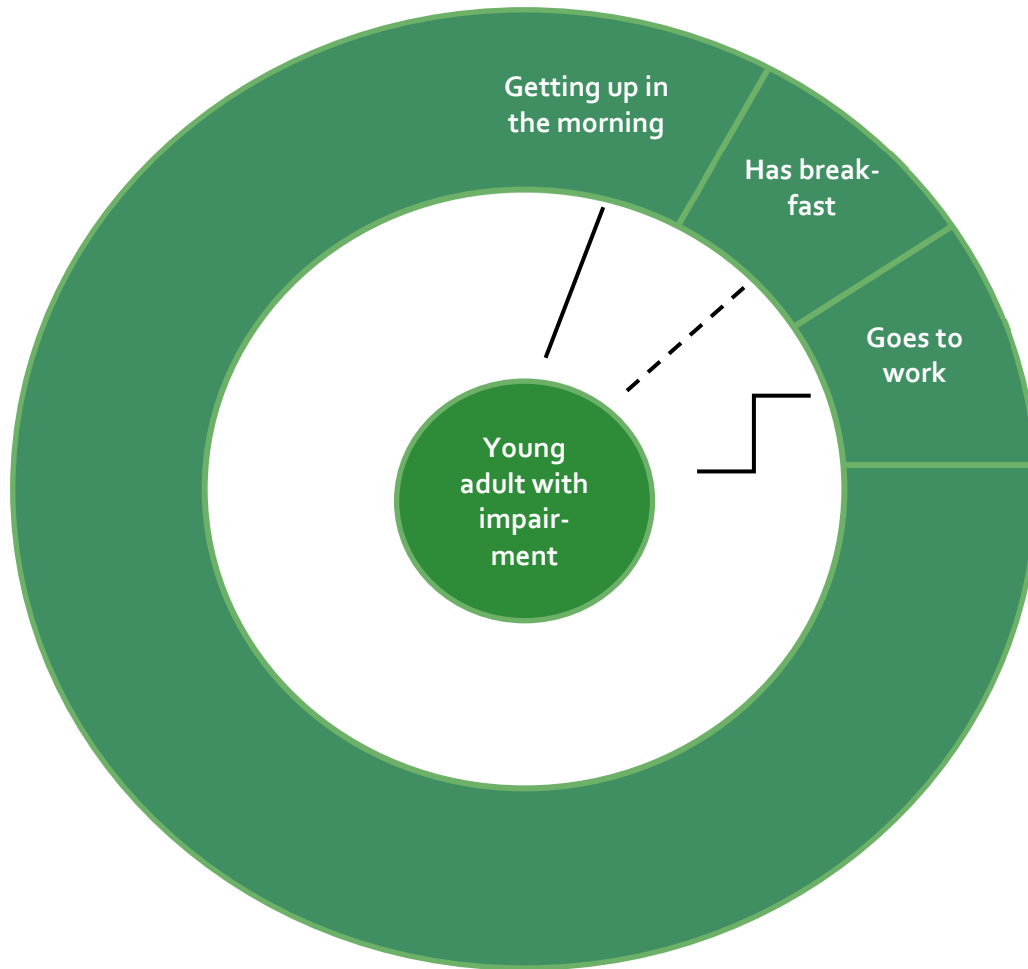
- **US Aid – building an inclusive development community; list of DPOs by country:**
http://pdf.usaid.gov/pdf_docs/Pnacy4o8.pdf
- **Disabled Peoples' International/Europe:**
<http://www.dpi.org/index.html>
<http://www.dpi-europe.org/>
- **Independent Living Institute; organisation of people with disabilities by country:**
<http://www.independentliving.org/links/links-organisations-disabilities.html>
- **European Disability Forum:**
<http://www.edf-feph.org/>
- **Disabled People and Human Rights Organisation:**
<http://www.disabilityrightsfund.org/resources-search?category=disabled%20persons%20and%20human%20rights%20organizations>
- **UNCRPD:**
<http://www.un.org/disabilities/convention/conventionfull.shtml>
- **Committee on the Rights of Persons with Disabilities:**
<http://www.ohchr.org/EN/HRBodies/CRPD/Pages/CRPDIndex.aspx>
- **UN Enable:**
<http://www.un.org/disabilities/>
- **International Disability Alliance:**
<http://www.internationaldisabilityalliance.org/en>

4.8 Daily life chart of a person from your community

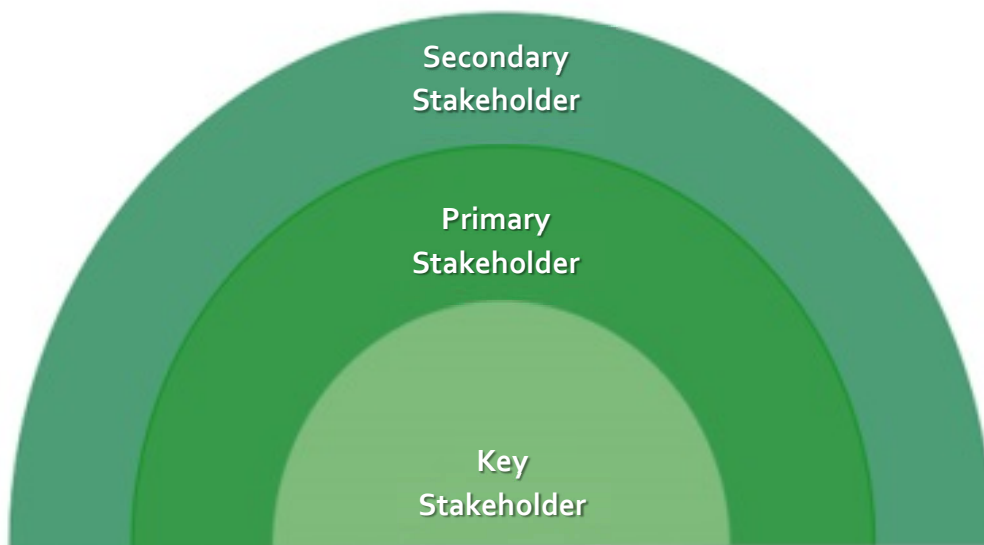


Compare the life chart of a person with and without a disability in the same age group in your community




- For activities the person does regularly, draw a bold line: **_____**
- For activities the person rarely participates in, or not fully, or needs help with, a dotted line: **-----**
- For activities the person does not or cannot do at all, draw a zigzag line: **_____**



4.9 Stakeholder map



4.10 Lines to indicate relationships between stakeholders

Lines to indicate relationship between stakeholder		
	Solid	Close relationship (information exchange, contact frequency, overlap of interest)
	Double	Alliances and cooperation (contractually or institutionally)
	Dotted	Weak or informal relationships
	No line	Missing relationships, could have potential

4.11 Cooperation and networking table

Table 6: Cooperation and networking table			
Cooperation and network table			
	Green flash cards	Yellow flash cards	Blue flash cards
Stakeholder 1			
Stakeholder 2			
Stakeholder 3 ...			

4.12 Internal reflection on stakeholders

Table 7: Internal reflection on stakeholder				
Internal reflection on stakeholder				
Stakeholder	Role	Relationship/ partnership (weak/average/ advanced/strong)	Expertise (low/medium/high)	Willingness and capacity to influence (low/medium/high)
...				
...				

4.13 Inclusive education: from segregation to inclusion

The module 5 a, b and c is specifically applicable for participants working in the field of education. A short theoretical input from the facilitator will be followed by a guided interactive group session for each of the concepts of segregation, integration and inclusion. To conclude the module, participants are encouraged to discuss which concept is dominant in their context.

Instructions: Module 5a Segregation

Step 1 Input

The facilitator gives an input what segregation in the education system means.

In a **segregated** education system, you have mainstream schools for children who don't have disabilities and special schools for children with disabilities. These two types of schools have different facilities and curricula and can be understood as different systems. Whether a child needs to go to a special school depends on the diagnosis of a specialist, e.g. a doctor or a psychologist. The idea behind segregated education is that groups that are perceived as "being different or special or disabled" should learn together, separately from the so-called "normal" children.

Step 2 Diagnosing participants

All participants are invited to stand up and come together in the middle of the room. The facilitator explains that he or she is now playing an experts who is capable of giving a diagnosis on each participant whether he or she is having an impairment or not. For dividing the participants in the groups "having an impairment"/ "not having an impairment" use a random criteria such as "wearing brown shoes" / "wearing non brown shoes", "wearing a wrist watch"/ "not wearing a wrist watch" etc. *Don't refer to aspects that might be discriminating or hurtful to the individual.*

Step 3 Form a cycle

After building two groups, let each group form a cycle by holding hands or standing closely together. Make sure that each group is facing the cycle inwards. Explain to the larger group that they are the "normal" non-impaired children on a mainstream school and to the smaller group that they are attending a special school since they were diagnosed with an impairment.

Step 4 **Reflection**

Encourage a reflection process among the participants on how it feels to be segregated/belong to the mainstream by asking some of the following questions:

- How do you feel about attending a special/mainstream school?
- How do you feel towards the children in the other group?
- Do you feel pity, shame, respect?
- Would you like to change to the other group? Why, why not?
- Do you think you have the same opportunities after leaving school than the other group?
- Would you like to get in touch with the other group? Why, why not? Would you have any reservations/concerns?

Add more questions depending on the discussion and relate them to what was mentioned before. Give the participants enough time to reflect and react to the impressions of the other participants.

Step 5 **Wrap up**

Let the participants get back to their seats, give a short wrap up of the activity and link this to the illustration of segregation used in the chapter 1.4 "Disability inclusion, mainstreaming & the twin-track approach".

Instructions: Module 5b Integration**Step 1** **Input**

The facilitator gives an input on integration.

In an **integrated** school system, you can still have special schools. But there are a few children with disabilities, who can be integrated into the mainstream schools. Here you still have specialists, who decide which child can be integrated and which cannot. Once those kids are in the mainstream schools, there are special staff – teachers with a special training – who pay particular attention to the learning needs of the impaired kids. In addition to this, there are special classes specifically for the disabled children. Some subjects might be attended by all kids together. Sometimes children with impairments are awarded grades according to lower or different standards than non-impaired children.

Step 2 Form Groups

This time you need 3 groups: one for the children without impairments, one for the children with impairments who are integrated into the mainstream school, and one for the children with impairments who have to remain in the special school. Choose suitable criteria accordingly.

Step 3 Form a cycle

Guide the participants to form two circles again, one representing the mainstream school and the other representing the special school. The participants identified as children with an impairment suitable for integration will be given a special place within the circle of the mainstream group.

Step 4 Reflection

Adapt the questions to the context of integration, paying attention to the three groups.

Step 5 Wrap up

Repeat as above.

Instructions: Module 5c Inclusion**Step 1 Input**

Give an input on inclusion.

In an **inclusive** education system, we value diversity. We do not see it as problem that people are different. It is no problem that some people have impairments, that people have different skin colours or religions or social backgrounds. Rather, we assume that every individual has abilities, strengths and challenges regardless of whether they are impaired or not. Here, we focus on each individual and try to find out what he or she is good at and where one might need more support and attention. The schools do not put labels on their students, there are no special classes for the impaired students. Everybody learns together. All teachers have the skills and qualification to meet the individual learning needs regardless of whether children have an impairment or not.

Step 2 Form a cycle

Ask the participants what they think an inclusive education system would look like and let them try to form it. Correct/adjust if necessary.

Step 3 Reflection/ Brainstorming

- Ask the participants whether they feel different towards the other “kids” in the group with regard to respect, equality, opportunities.
- To them, what is the difference between the three concepts? Which one do they prefer and why?

Step 4 Wrap up

Let the participants get back to their seats, wrap up the activity by referring to the image of inclusion and finish with a discussion on which concept of education is dominant in the country.

4.14 Sample of indicators for disability inclusion

The following list offers examples for developing inclusive indicators along different sectors that can be used in an RBM system to mainstream disability inclusion in existing projects or develop specific target initiatives addressing persons with disabilities, as defined in the twin-track approach. The list entails a number of key sectors for the inclusion of persons with disabilities with the indicators arranged according to the impact, outcome and output levels.



Good governance

Impact level

- ✘ The participation of women and men with disabilities in national, regional and local government structure increased from X% to Y% by the time Z. (*person-related, disability-specific*)
- ✘ A gender-sensitive disability perspective has been mainstreaming in X number of sector policies by the time Z. (Baseline value: 0; target value: X) (*non-personal*)

Outcome level

- ✘ The satisfaction of persons with disabilities with the quality and quantity of key services in a certain sector increased from X% to Y% by the time Z. (*person-related, disability-specific*)
- ✘ The government spending on targeted initiatives for persons with disabilities in a certain sector increased from amount X to amount Y by the time Z. (*non-personal*)
- ✘ The systematic consultation with DPOs in law, degree or regulation drafting processes has increased from X to Y by the time Z.

Output level

- ✘ The number of key national policy documents (constitution, sector policies etc.) available free of charge in simple language, Braille, audio formats increased from X to Y by the time Z. (*non-personal*)



HIV/AIDS

Impact level

- ✘ The spread of the HIV and AIDS epidemic among persons with disabilities has been reduced from X% to Y% by the time Z. (*person-related, disability-specific*)
- ✘ The access of persons with disabilities living with HIV and AIDS to treatment leading to prolonged/improved quality of life is equal to persons without disabilities by the time Z. (*person-related, disability-differentiated*)

Outcome level

- ✕ The percentage of pregnant women with disabilities with HIV receiving a complete course of antiretroviral prophylaxis to reduce the risk of mother-to-child transmission increased from X% to Y% by the time Z. *(person-related, disability-specific)*
- ✕ The percentage of health staff with comprehensive correct knowledge on disability and HIV&AIDS increased from X% to Y% by the time Z. *(person-related, disability-neutral)*

Output level

- ✕ The number of physically-accessible VCT services and buildings increased from X to Y by the time Z. *(non-personal)*
- ✕ The existence of information material on HIV/AIDS and disabilities increased from X materials to Y materials by the time Z. *(non-personal)*

**Health sector****Impact level**

- ✕ The health status of persons with disabilities reached the level of the overall population by the time X. *(person-related, disability-differentiated)*

Outcome level

- ✕ Health and health-related rehabilitation services are physically accessible to all population groups including people living in rural areas. *(non-personal)*
- ✕ The percentage of women with disabilities having access to health care and services in the field of sexual and reproductive health increased from X% to Y% by the time Z. *(person-related, disability-specific)*

Output level

- ✕ A health information systems inclusive of disability disaggregated data is in place by the time X. *(non-personal)*
- ✕ The number of health professionals trained in disability awareness and ethical standards of care for persons with disabilities increased from X to Y by the time Z. *(person-related, disability-neutral)*



Education sector

Impact level

- ✘ The overall rate of persons with disabilities graduating from primary, secondary and higher education increased from X% to Y% by the time Z. (*person-related, disability-specific*)
- ✘ The implementation of inclusive curricula in mainstream education institutions increased from X% to Y% by the time Z. (*person-related, disability-differentiated*)

Outcome level

- ✘ The enrolment rate in primary/second/vocational/university education of boys and girls with disabilities increased from X% to Y% by the time Z. (*person-related, disability-specific*)
- ✘ The implementation of inclusive curricula in mainstream education institutions increased from X% to Y% by the time Z. (*person-related, disability-differentiated*)

Output level

- ✘ The number of teachers trained in inclusive practices (e.g. training in Braille, sign language, disability awareness, the use of appropriate augmentative and alternative modes, means and formats of communication to support persons with disabilities) increased from X% to Y% by the time Z. (*person-related, disability-neutral*)
- ✘ The number of training materials and curricula including the learning needs of children with different abilities increased from X to Y by the time Z. (*non-personal*)

Further reading

More sample indicators for various sectors can be found in:

CBM:

[Make Development Inclusive. The Online Toolbox](#)

VENRO (2010):

[Gewusst wie – Menschen mit Behinderung die Entwicklungszusammenarbeit einbeziehen](#)

CEVAL (2004):

[Indikatorenentwicklung: Eine praxisorientierte Einführung](#)

4.15 Overview of results for disability mainstreaming in key areas for GIZ Togo

	Employment promotion and vocational training	Promoting good governance and decentralisation	Rural development and agriculture	GIZ country office in Lomé
Accessible offices	✓	✓	✓	✓
Inclusive job announcements	✓	✓	✓	✓
Employment of persons with disabilities	✗	✗ Qualified candidates could not yet be identified	✓ One national technical staff	✓ One national administrative staff
Sensitisation of international and national staff	✓	✓	✓	✓
Participation of persons with disabilities and monitoring during events	278 participants (98 female, 180 male)	248 participants (60 female, 188 male)	✓ (no monitoring of quantity and gender)	✗
Participation in planning	Systematic participation in all planning processes	Systematic participation in all planning processes	✗ Cooperation with FETAPH is planned	✗

Participation of persons with disabilities on the	macro level	Participation in the draft of an action plan for the inclusion of PwD in the labour market			
	meso level	Capacity building on inclusion for staff of job centres	FETAPH participates in communal planning committees and contributed to inclusive communal development plans	Cooperation with FETAPH to identify processes and actors along the chicken farming value chain for increased inclusion	
	micro level	Capacity building for craft persons and small entrepreneurs with disabilities	Members of FETAPH participate in all activities		

4.16 Good Practice: Guatemala



Photo 6: Good Practice – Guatemala
Inclusive Education

Source: GIZ Guatemala

Background

Research for Inclusive Education in International Cooperation (Refie) and Education for life and work (Eduvida), Guatemala - Developing tools to promote inclusion in the classroom

“Unique selling point” of the example

The Workshop “Memoria Viva” (Living memory) aimed to develop tools by the teachers themselves in order to promote Inclusive Education in schools.

The research carried out in Guatemala about Inclusive Education showed that teachers do not feel themselves prepared enough to deal with diversity in the classroom and that there is a lack of methodological strategies to work on acceptance and classroom participation. Moreover, there is a desire to have tools to cope with heterogeneity.

Inclusive Education has to take into account local contexts and here teachers play a vital role, as they know better the scholar context than anyone else, i.e. the situation in the classroom, as well as the social reality in their communities. That is why the objective of this activity was to develop tools for and by the teachers.

Those teachers belonging to the network “Teachers for Life” from the Eduvida project were invited to participate at this activity in order to share their experiences in the field of inclusion, to reflect together about this topic and develop tools to handle diversity. The developed tools have been made accessible for other teachers through its publica-

tion on an online platform and in social media channels (Teachers for Life have created a Facebook page to share information and discuss about topics of interest within their field of activity).

Target Groups

Guatemalan teachers: The primary target group were 30 teachers belonging to the network "Teachers for Life", coming from three different regions (Alta Verapaz, Quiché and Chiquimula). These teachers will act as multipliers in their respective regions. Moreover, other Guatemalan teachers will have access to the developed tools through the online platform.

Experts from the Ministry of Education also participated at the workshop.

Summary

Aspect of action / Approach / Core Activities

The workshop began with a theoretical reflection about the meaning of Inclusive Education in general and its meaning in the Guatemalan context in particular. Several experts were invited to present the theoretical frame of inclusive education, as well as different practical experiences.

From that point, teachers reflected about which groups within the Guatemalan reality have more difficulties to access, to stay at and to participate in the school. At the same time, the teachers identified which practices and contexts impede the inclusion of scholars.

In the last stage, teachers developed tools in form of activities to use in classroom and which aim to include all pupils and make them aware at the same time about the importance of the inclusion.

Once this learning cycle was completed, teachers prepared an interactive exposition about inclusive education, which was carried out at a central square of the Guatemalan capital. Teachers prepared different activities in order to interact with the public and thus raise awareness about the importance of inclusion. These activities can also be used in schools and some of the teachers recommended to include them in the group of developed tools.

Success factors

The cooperation between two educational programs of the GIZ allowed using resources in an optimal way. The target group of this workshop were teachers belonging to the Eduvida network, who are already acting as multipliers in their different regions. This fact made easier the dissemination of the workshop results, so that a broader group could be reached.

The success of the workshop consisted in being conceived as a learning cycle: the workshop started with some input (what is inclusive education?), to pass through a reflection process (who are the excluded in the educational field within our local contexts? Which practices hinder the inclusion of some social groups?) and ultimately to develop tools for dealing with diversity in school.

Lessons learnt / Remaining Challenges

Several teachers realized during this workshop that even though they thought they were working in “inclusive schools”, this was not the case; as some practices that can cause exclusion are still present in their educational centers. Through the workshop their awareness with respect to inclusion arose, so that they now intend to carry out some actions in order to try to eradicate these practices.

The interactive exhibition brought the topic of inclusive education to a public place, so that several people – among others, also people belonging to socially excluded groups – could discuss and reflect about this topic.

Contact:

giz-guatemala@giz.de / <http://educacion-giz.org.gt/>

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